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CALSPAN ON-SITE AIR BAG DEPLOYMENT INVESTIGATION

CALSPAN CASE NO. 94-23

**VEHICLE #1 - 1993 CHEVROLET CORSICA LT (AIR BAG-EQUIPPED)
VEHICLE #2 - 1986 CHEVROLET CELEBRITY STATION WAGON**

**LOCATION - STATE OF MASSACHUSETTS
CRASH DATE - [REDACTED], 1994**

Contract No. DTNH22-94-D-07058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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16. Abstract <p>An on-site investigation was conducted into a two vehicle crash involving the front of an air bag equipped 1993 Chevrolet Corsica LT four door sedan (Vehicle #1) and the rear of a 1986 Chevrolet Celebrity station wagon (Vehicle #2). The crash occurred Wednesday, [REDACTED], 1994 at 14:43 hrs. The ambient condition at the time of the crash was sunny with no adverse weather conditions. Vehicle #1 was traveling north on a two lane, undivided, positive 1.7 percent slope, dry, asphalt roadway when it struck the rear end of Vehicle #2 which was stopped in the northbound travel lane while attempting to make a left turn into her driveway.</p> <p>The Chevrolet Corsica LT sustained a CRASH 3 calculated delta V of 22 km/h (14 mph) which was sufficient to activate the supplemental restraint system and deploy the driver side air bag. During the deployment sequence, the air bag module flaps opened in the typical "H" configuration and the air bag began to inflate. The air bag inflator unit, however, experienced a failure of the igniter weld land which caused a fracture of the inflator base adjacent to the igniter canister. This failure released gas generant (i.e., sodium azide pellets and hot gases from the inflator module into the vehicle interior. The escaping gas applied a thrust to the rear of the air bag module which subsequently pulled free from the hold down clinch nuts located in the steering wheel hub. The module rotated spraying the driver, the left front door surface, windshield, and the roof liner with hot exhaust gases and gas generant.</p> <p>There were four occupants in Vehicle #1 at the time of the crash which included: a restrained 20 year old male driver who suffered burns of both wrists, right forearm, right hand; an unrestrained 15 year old female seated in the right front seat who suffered a laceration of the nose, forehead, and upper lip; an unrestrained 16 year old female seated in the left rear seat position was not injured; and an unrestrained 16 year old female in the right rear seat who suffered contusions of the right lower leg.</p> <p>Vehicle #2 sustained a delta V of 22 km/h (14 mph). The driver suffered pain in the left shoulder and neck.</p>			
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TABLE OF CONTENTS

Summary	1
Vehicle Schematic	4
Crash Data	5
Ambience	5
Highway	5
Traffic Controls	5
Vehicle #1 Description	6
Vehicle #1 Damage	7
Vehicle #1 CDC	8
Vehicle #2 Damage	10
Vehicle #2 CDC	10
Supplemental Inflatable Restraint System (SIR)	10
Vehicle Velocity Estimates	12
Collision Sequence	13
Human Factors/Occupant Data	14
Injury Data - Driver #1	16
Injury Data - Vehicle #1 Right Front Occupant	17
Occupant Kinematics	17
Failed Inflator Evaluation and Testing	19
Appendix A: Selected Prints of the Crash Scene, Crash Vehicles, Failed Inflator	A-1
Appendix B: CRASHPC Output	B-1
Appendix C: Local Newspaper Article	C-1

CALSPAN AIR BAG INVESTIGATION

CALSPAN CASE NO. 94-23

VEHICLE - 1993 CHEVROLET CORSICA LT

LOCATION - STATE OF MASSACHUSETTS

[REDACTED], 1994

An on-site investigation was conducted into a two vehicle crash involving the front of an air bag equipped 1993 Chevrolet Corsica LT four door sedan (Vehicle #1) and the rear of a 1986 Chevrolet Celebrity station wagon (Vehicle #2) after it was discovered in a local newspaper article by a National Highway Traffic Safety Administration (NHTSA) Region I official and forwarded to the NHTSA headquarters in Washington, D.C. The newspaper article stated, "Police said the air bag in the other car (i.e., Vehicle #1) inflated and caught fire, burning the driver's legs. The fire was out before emergency crews arrived."

The Calspan Special Crash Investigation Team was notified by NHTSA and conducted an on-scene investigation two days after notification which was 19 days after the crash. The vehicle was impounded by the police in a secured fenced tow yard pending this investigation. The vehicle was locked with interior components isolated from the weather.

Vehicle #2 was released to an out-of-area insurance designated salvage facility. The insurance company and salvage/auction facility were contacted during the on-site investigation and extended full cooperation with this investigation.

SUMMARY

Vehicle #1 (1993 Chevrolet Corsica LT four door sedan) was traveling north on a two lane, undivided, straight, positive 1.7 percent slope, dry, asphalt roadway when it struck the rear of Vehicle #2 which was stopped in the northbound travel lane while yielding to a pedestrian pushing a baby carriage north along the west side sidewalk prior to attempting a left turn into her driveway. While yielding to the pedestrian's travel path, the front wheels of Vehicle #2 were turned to the left in anticipation of entering the driveway. The ambient condition at the time of the crash was sunny with no adverse weather conditions.

Vehicle #1 was traveling at the posted speed of 48 km/h (30 mph). There were three passengers in his vehicle who were conversing and listening to the radio. The driver indicated he was not aware of Vehicle #2 until just prior to the crash.

When the Driver#1 noticed the presence of Vehicle #2, he applied full brakes and reportedly attempted to steer right in an effort to avoid the crash. There were no pre-impact skid marks detected for Vehicle #1 due to the anti-lock braking system (ABS). The position of Vehicle #1 at the final rest position (FRP) indicated the driver's evasive steering input was minimal.

The driver of Vehicle #2 was reportedly focused on the movement of the pedestrian and was not aware of Vehicle #1's approach prior to the crash. Consequently, the driver of Vehicle #2 did not initiate any avoidance actions.

The point of impact (POI) occurred 5.8 m (19.3') south of Vehicle #2's driveway. The impact pushed Vehicle #2 forward and across the southbound travel lane in a counterclockwise rotation. It came to the FRP with the rear plane positioned in the southbound travel lane and the front of the vehicle in the driveway. Vehicle #2's heading angle at the FRP was 105 degrees counterclockwise from its heading angle at POI.

Vehicle #1 traveled 12.7 m (42.3') from POI to FRP. It came to FRP in a 6 degree clockwise direction referenced to its heading angle at POI. The frontal plane of the vehicle was located 2.8 m (9.3') north of Vehicle #2's driveway at the FRP.

Vehicle #1 was a 1993 Chevrolet Corsica LT four door sedan with 31,359 kilometers (19,486 miles). The vehicle identification number (V.I.N.) was 1G1LT5341PY(serial # omitted). The vehicle was purchased by the driver from an area dealership on [REDACTED], 1994 who in turn purchased it from an auction house in [REDACTED] 1993. Records provided by the auctioneer to the dealership indicated the vehicle was originally owned by a rental car company. Additionally, Massachusetts' law requires auction houses to provide full disclosure of any vehicle repair in excess of three hundred dollars. The dealership reported that there were no outstanding repairs listed by the auction house prior to sale.

There were four occupants in Vehicle #1 at the time of the crash. The driver, a 20 year old male who was 180 cm (71") tall and weighed 111 kg (245 lb), was restrained by the three point lap and torso manual restraint belt which was worn snug against his chest. The right front seat occupant, a 15 year old female who was 165 cm (65") tall and weighed 54.4 kg (120 lbs), was not restrained by the available three point manual restraint belt. A 16 year old female sitting in the left rear seat position was not wearing the available three point manual lap and torso belt. The right rear occupant, a 16 year old female, was not wearing the available three point manual lap and torso belt.

Driver#1 sustained burns of the both thighs, right forearm, and both hands, laceration of the chin, a contusion of the left shoulder from the crash. The right front passenger in Vehicle #1 sustained lacerations of the forehead, nose and upper lip while the right rear passenger suffered pain of the right knee. The left rear passenger was not injured. Driver #2 suffered pain of the neck and left shoulder.

The police responded within five minutes and directed traffic. The town nurse was among the first on the scene and assisted the right front passenger of Vehicle #1. Ambulance support and emergency medical technicians (EMT) also arrived at the scene within five minutes and transported crash victims to a local medical facility where they were treated and released.

Air bag deployment sequence

The 1993 Chevrolet Corsica LT sustained a CRASH 3 calculated delta V of 22 km/h (14 mph) which was sufficient to activate the Supplemental Inflatable Restraint System (SIR) and deploy the driver side air bag. During the deployment sequence, the air bag module flaps opened in the typical "H" configuration as the air bag began to expand. As the SIR generant process

continued, the air bag inflator unit experienced a failure of the igniter weld land. This failure resulted in the bulging of inflator unit and the resulting fracture of the inflator base section (refer to photographs #47, #48 on page A-24).

The fracture site provided an abnormal release path for air bag gas generant which bypassed the inflator diffuser screens and allowed direct venting into the vehicle interior. The escaping gas applied a thrust to the rear of the air bag module which resulted in the separation of the module from the hold down clinch nuts located into the steering wheel hub. As the clinch nuts extruded through the module mounting plate, the module moved rearward toward the driver spewing hot gases and air bag gas propellants into the vehicle interior. This was evidenced by the concentration of dark dots associated with generant pellets on the inside of the windshield with the heaviest concentration located directly above the steering wheel (see photographs #20, #21 on pages A-10, A-11).

It appeared the air bag module continued to move toward the driver with the bottom area rotating upward and the left side moving toward the in-board side of the vehicle, exposing the driver and interior components to gases which were exiting the fractured base section of the inflator unit. This movement resulting in the singeing of the driver's clothes (primarily his pullover shirt), his eyebrow, facial and head hair, and the driver's door surface.

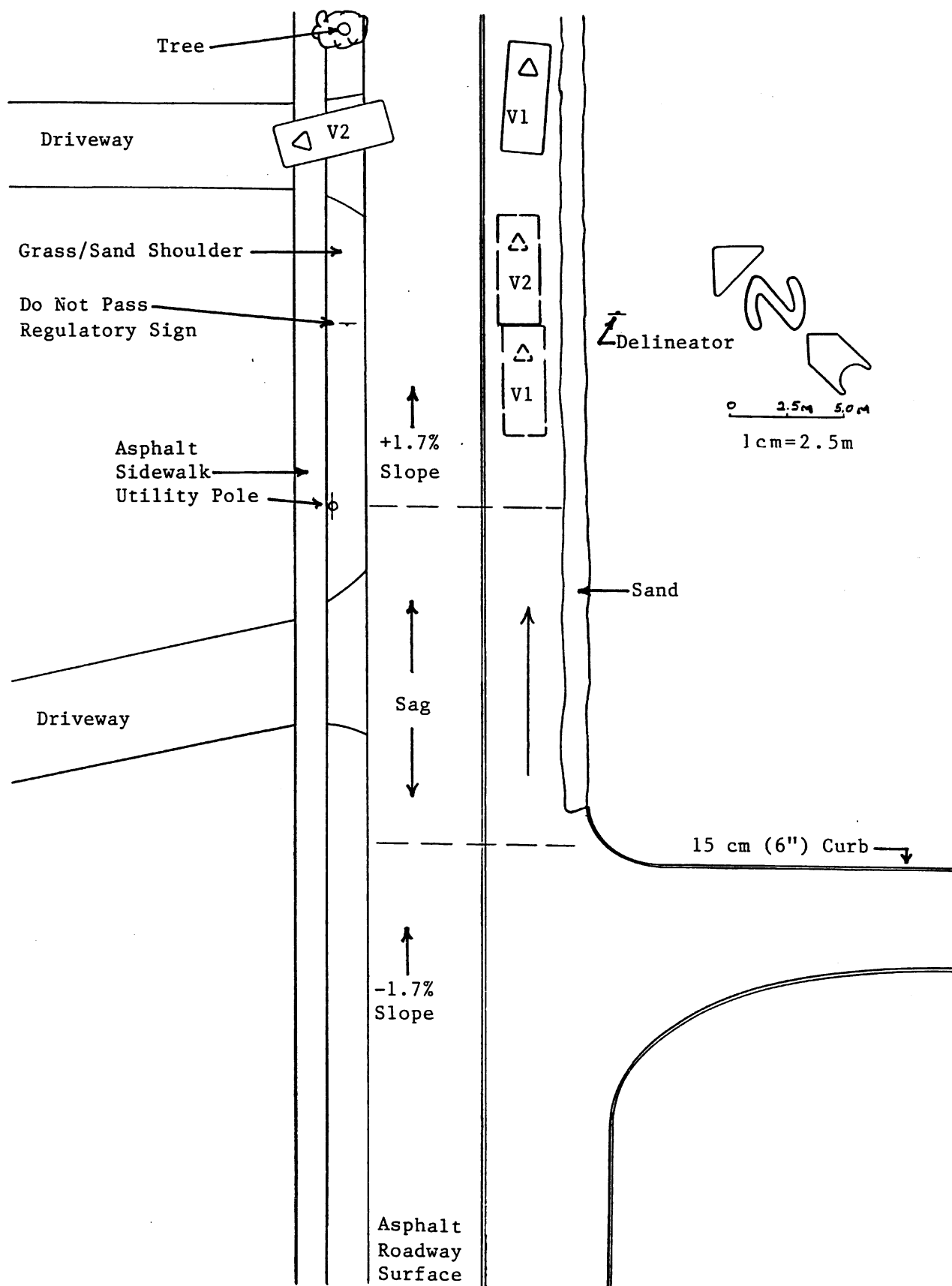
During the course of the module's flight path, generant pellets exited the rear of the fractured inflator module and contacted interior components including: the left door surface (refer to photographs #64 - #66 on pages A-32, A-33); the windshield; the roof fabric [noted by the BB size burn marks that began near the center windshield header and extended in a fan pattern into the right seat area (refer to photographs #50, #51 on pages A-25, A-26)]; the driver's seat cushion; and the left front floor mat. The left front window was in the full open position at the time of the crash which may have allowed some of the exhaust gases and generant debris to escape the vehicle. The air bag module landed on the floor console between the front bucket seats with the air bag surface facing upward.

The driver reported seeing a flash (a flash he described as similar to that produced by a shot gun) around the steering wheel at the time of the crash which he attributed to the air bag deployment. However, it was theorized this "flash" may have been the driver's momentary view of the air bag as it began to expand.

The driver indicated he noticed red embers falling from the steering wheel hub which landed on his lap. An examination of the driver's cotton pants and lower portion of the his pullover shirt revealed several burn holes which several were of BB size. Three large holes were noted above the crouch area in the pants and left of the zipper in which two holes measured 1.3 cm (0.5") in diameter and the third measured 0.48 cm (0.19") in diameter. These holes exhibited a surrounding dark ring burn pattern (refer to photographs #79, #80 on page A-40).

A "V" shaped pattern in the center of the driver's seat cushion along the leading edge of the seat and measuring 10.1 cm (4.1") laterally and 17.8 cm (7.0") longitudinally contained a concentration of BB size burn marks from discharged inflator generant. The floor mat just beneath the steering wheel exhibited a 1.9 cm (0.8") burn mark where the fibers were melted by generant pellets which dropped down from the steering wheel hub (refer to photographs #33, #35, #36 on pages A-17, A-18).

Crash Scene Schematic
Calspan Case No. 94-23



CRASH DATA	
Location:	2 lane state route
State:	State of Massachusetts
Area/Type:	Urban/residential
Investigating Police Agency:	Local Police Department
Accident Type:	Two vehicle front to rear collision
Air Bag Vehicle Driver Injury Severity:	AIS-1
AMBIENCE	
Viewing Conditions:	Daylight
Weather:	Clear/sunny
Road Surface:	Dry
HIGHWAY	
Type:	State route
Number Of Lanes:	2
Width:	8.5 m (28.3')
Surface:	Asphalt
Median:	None
Edge:	East edge - 1.2 m (4.0') loose sand West edge - 1.7 m (5.6') loose sand and grass
Vertical Alignment:	1.7 percent slope
Horizontal Alignment:	Straight
Estimated Coefficient Of Friction:	0.75
Traffic Density:	Moderate
TRAFFIC CONTROLS	
Signals:	None

Signs:	None
Markings:	Full barrier yellow center lines with no road edge lines
Speed Limit:	48 km/h (30 mph)
VEHICLE #1 DESCRIPTION	
Description:	1993 Chevrolet Corsica LT, 4 door sedan
V.I.N.:	1G1LT5341PY (production number deleted)
Color:	Red
Odometer:	31,358 kilometers (19,486 miles)
Engine:	2.2 L
Transmission:	3 speed automatic
Steering:	Power
Brakes:	Power assisted anti-lock brakes (front disc and rear drum)
Padding:	Upper and mid instrument panel, soft edge steering wheel rim and air bag module cover, door panels, door arm rests, center console arm rest, seats, roof liner, sunvisors
Active Restraints:	3-point lap and torso belts in the four outboard seating positions, 2-point lap belt in center rear seat
Passive Restraints:	Driver's side air bag Supplemental Inflatable Restraint (SIR) system that deployed as a result of the impact with Vehicle #2
Defects:	The air bag module separated from the steering wheel hub during the deployment sequence as the result of an igniter weld land failure in the air bag inflator
Tow Status:	Towed due to damage to a secured storage facility

VEHICLE #2 DESCRIPTION	
Description:	1986 Chevrolet Celebrity station wagon
V.I.N.:	1G1AW35X0GG(Serial # omitted)

Color:	Dark blue
Odometer:	120220 km (74,703 miles)
Engine:	2.8 L
Transmission:	4 speed automatic
Steering:	Power
Brakes:	Power assisted front disc and rear drum brakes
Padding:	Upper and mid instrument panel, soft edge steering wheel rim, door panels, door arm rest, seats, roof liner, and sunvisor
Active Restraints:	3-point lap and torso belts in the front seat out board positions, lap belts in the center front seat and the three rear seats
Passive Restraints:	None
Defects:	None
Tow Status:	Towed from the scene due to damage

VEHICLE DAMAGE

Vehicle #1

Exterior Damage

The frontal plane of the 1993 Chevrolet Corsica LT (Vehicle #1) impacted the rear of 1986 Chevrolet Celebrity station wagon (Vehicle #2) which was stopped in the travel lane while waiting to make a left turn into a residential driveway. Vehicle #1 struck Vehicle #2 at an impact speed of 41 km/h (26 mph) which was calculated by the CRASH3 speed reconstruction program. Direct contact on Vehicle #1 began at the left front bumper corner and extended 129.5 cm (51.0") across the frontal plane. The impact displaced the frontal structure rearward resulting in the following crush values:

Front Bumper Crush:	C ₁ =13.3 cm (5.2")	C ₄ =6.4 cm (2.5")
	C ₂ =9.5 cm (3.8")	C ₅ =4.5 cm (1.8")
	C ₃ =8.3 cm (3.2")	C ₆ =5.0 cm (2.0")

Front Bumper Reinforcement Bar Crush:	C ₁ =17.8 cm (7.0")	C ₄ =13.7 cm (5.4")
	C ₂ =14.7 cm (5.8")	C ₅ =12.2 cm (4.8")
	C ₃ =13.7 cm (5.4")	C ₆ =1.3 cm (0.5")

Components damaged in the crash included the grille, bumper covering, bumper reinforcement bar, hood, both front fenders, radiator, left headlight, and both turn directional lights. The windshield was cracked by the right front occupant (refer to photograph #41). The right wheelbase was reduced in length by 1.6 cm (0.7"). The front bumper energy absorption devices (EAD) compressed during the crash with 5.4 cm (2.1") measured on the left EAD and 5.2 cm (2.0") measured on the right EAD. Both EADs returned to full restitution. Maximum crush to the bumper was 17.8 cm (7.0") which was located at C1 (i.e., the left front bumper corner). The bumper was deflected downward 14.6 cm (5.8").

CDC: 12-FDEW-1

Repair Cost: The police accident report listed damage as exceeding \$1000.00. The owner indicated the insurance company evaluated the severity of the damage and ruled the vehicle was not repairable. The vehicle was sent to a salvage yard and the owner reimbursed with an undisclosed buy out price.

Interior Damage

Interior damage to the Chevrolet Corsica LT was associated with the air bag deployment and occupant contacts. The air bag module cover opened along the designed seam lines in the typical "H" pattern configuration. During the deployment sequence, the igniter weld land inside the inflator unit failed which caused the inflator housing (i.e., the base and diffuser surfaces) to deform outward (i.e., bulge) from its original shape.

During the bulging event, the base surface of the inflator fractured and released sodium azide pellets and inflation gases into the vehicle interior (refer to photographs #46 - 48 on pages A-23, A-24). The air bag module pulled free from the attaching clinch nuts located in the steering wheel hub and landed on the center console between the front bucket seats (refer to photographs #37, #38 on page A-19). A concentration of dark dots associated with generant pellets was noted on the inside of the windshield with the heaviest concentration noted directly above the steering wheel (see photographs #20, #21 on pages A-10, A-11). The left front door panel was singed by air bag exhaust gas in an area measuring 27.9 cm (11.0") horizontally that began 29.2 cm (11.5") rear of the instrument panel and 17.8 cm (7.0") vertically down from the window sill (refer to photographs #63 - #65 on pages A-32, A-33).

Burn marks in the driver's door side panel below the door arm rest resembled the size of BB shot and were associated with discharged sodium azide pellets (refer to photograph #66 on page A-33). This area was located 10.2 cm (4.0") rear of the instrument panel and extended 15.2 cm (6.0") along the horizontal surface.

The driver's seat cushion exhibited a "V" shaped burn mark pattern which measured 10.2 cm (4.0") along the front edge of the cushion and extended rearward 17.8 cm (7.0"). This pattern occurred as air bag propellant dropped from the steering wheel area during the module separation and reflected the presence of the driver's legs which prevented a wider distribution of propellant debris on the seat cushion.

A sample of generant debris observed in the recessed area of the steering wheel hub (i.e., the space formerly occupied by the air bag module) was removed and analyzed for chemical composition. The primary agent detected was sodium oxide-hydroxide.

A 2.5 cm (1.0") diameter burn mark was noted on the driver's side floor mat directly below the steering wheel. This burn mark was the result of air bag propellant debris which fell from the recessed area in the steering wheel hub.

Black burn marks the size of BBs were noted to in the roof liner which began near the windshield header in the center of the vehicle and extended 99 cm (39") rearward into the right rear seat area. The pattern was 22.9 cm (9.0") wide near the windshield header and widened to 30.5 cm (12.0") in the right rear seat area.

The right front sunvisor, windshield, and instrument panel were damaged by the unrestrained right front occupant during the collision sequence. There was a 2.5 cm (1.0") by 6.4 cm (2.5") striated scuff mark in the fabric of the right sunvisor which was associated with contact by the occupant's head. The windshield glazing was cracked and there were hair fibers embedded in the glazing 35.0 cm (13.8") right of the vehicle centerline and 45.7 cm (18.0") above the instrument panel. This damage was attributed to contact by the right front occupant's head and face. Eyelash mascara was located directly below this contact and located 38.1 cm (15.0") above the instrument panel. A 3.8 cm (1.5") wide tissue transfer from the occupant's face was located 33.8 cm (13.3") above the instrument panel.

A 8.4 cm x 7.6 cm (3.3" x 3.0") indentation of the mid instrument panel was located 30.5 cm (12.0") right of the vehicle centerline. This was the result of contact by the right front occupant's torso. The glove compartment door sustained a 3.8 cm (1.5") indentation as the result of contact by the occupant's right knee. This was located 41.9 cm (16.5") right of the vehicle centerline.

The right rear lower area of the right front head rest exhibited a 12.7 cm x 5.0 cm (5.0" x 2.0") light colored bodily fluid transfer mark which was attributed to contact by the face of the right rear occupant. A 3.8 cm (1.5") light color transfer mark was noted on the roof fabric which was located 96.5 cm (38.0") rearward of the windshield header and 12.7 cm (5.0") right of the vehicle centerline (refer to photograph #52 on page A-26). This was attributed to contact by the right rear occupant.

The steering column shear plate was displaced forward 0.5 cm (0.2") at each shear capsule. There was no deformation of the steering wheel rim. There was a heavy white residue on the steering wheel from air bag generant and air bag packaging powder.

Vehicle #2

Exterior Damage

The 1986 Chevrolet Celebrity station wagon sustained an 84 percent rear plane direct contact overlap pattern which began 54.6 cm (21.5") left of the vehicle centerline and extended 137.2 cm (54.0") to the right rear bumper corner. Maximum crush of 26.4 cm (10.4") was located along the bottom edge of the bumper and 22.9 cm (9.0") left of the centerline. The impact displaced the rear structure forward as shown by the following crush values:

Rear Bumper Crush:	C ₁ =4.5 cm (1.9")	C ₄ =16.5 cm (6.5")
	C ₂ =5.0 cm (2.0")	C ₅ =10.6 cm (4.2")
	C ₃ =16.8 cm (6.6")	C ₆ =5.1 cm (2.0")

Exterior damaged components to this vehicle included the rear bumper, tailgate, backup lights, roof structure, and both rear doors. The top portion of both rear door window frames were displaced outward by the deformation of the vehicle's roof. The bumper was deflected downward 29.2 cm (11.5") resulting in an incremental vertical shift value of 40. The rear tires were restricted by the side fender panels that were displaced forward by the impact (refer to photograph #92 on page A-46).

CDC: 46-BDEW-2.

Repair cost: The police accident report listed damage as exceeding \$1000.00. The owner indicated the insurance company evaluated the severity of the damage and ruled the vehicle was not repairable. The vehicle was sent to a salvage yard and the owner reimbursed with an undisclosed buy out price.

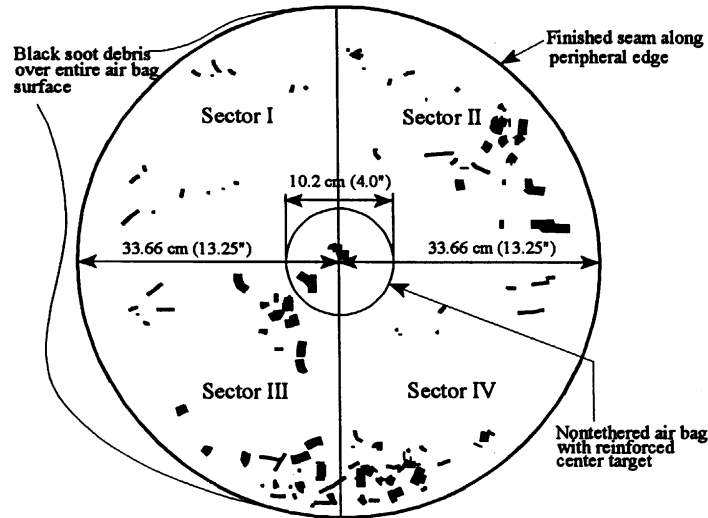
Interior Damage

The interior damage to Vehicle #2 was primarily related to the rearward deformation of the driver's seat back support and the deformation of the rear cargo area floor. The driver's upper torso moved rearward in response to the impact force and deformed the seat back support rearward 25 degrees from its original position. The floor of the rear cargo area was pushed forward with a resulting upward deformation pattern.

SUPPLEMENTAL INFLATABLE RESTRAINT SYSTEM (SIR)

The driver air bag measured 67.3 cm (26.5") in diameter with a 10.2 cm (4.0") reinforced center target area. The bag was nontethered and was designed with two 1.3 cm (0.5") diameter vent ports located in the 1 o'clock and 11 o'clock position along the instrument panel side of the air bag. The surface of the air bag (i.e., the side facing the driver) was "peppered" with soot

marks with the heaviest concentrations located on the lower portion of the bag. This area of concentration continued along the bottom seam and onto the instrument panel side of the bag in an area which measured 7.6 cm (3.0") vertically and 48.3 cm (19.0") laterally (refer to the following figure and photograph #44 on page A-22.).



Nontethered Air Bag

The air bag identification number was:

POT [REDACTED]
TIC [REDACTED]
Lot [REDACTED]

During the air bag deployment sequence, the air bag module separated from the four mounting clinch nuts located in the steering wheel hub and came to rest on the center console between the front seat cushions. The mounting clinch nuts pulled through the metal backing plate of the module producing 1.3 cm (0.5") holes with outward projecting metal fragmented edges. The identification number attached to the module backing plate was: [REDACTED]

The metallic protective cover plate over the squib initiator assembly located on the back side of the module was separated from the unit at three of the four hold down rivets. The remaining attachment point was located in the upper right corner of the inflator housing (refer to photographs #46 - #48 on pages A-23, A-24). An imprint from the steering wheel attachment nut and bolt was noted on the cover plate. This imprint occurred when the base of the inflator began to bulge and subsequently pressed the cover plate against the steering nut and bolt. The imprint of the nut was located 3.5 cm (1.4") down from the top of the cover plate and the imprint of the bolt was located 2.5 cm (1.0") down from the top of the plate. The identification number attached to cover plate was: [REDACTED]

The inflator housing which measured 10.80 cm x 10.80 cm (4.25" x 4.25") remained attached to the module backing plate by all four rivets. The inflator identification number attached to the lower portion of this unit was [REDACTED]

The fractured part of the inflator base which contained the squib measured 7.0 cm (2.75") in diameter. Two electrically lead wires (white and green) were attached to squib as shown in photograph #46 on page A-23. The identification number embossed below the squib was: G55075D1699. A radial fracture line was located at the bottom perimeter of the fracture part and extended inward where it split into opposing directions, encircling 55 percent of the squib. The fracture sites and adjacent metallic areas were darker in color which was attributed to deposits from escaping generant debris.

The air bag module measured 30.5 cm (12.0") in width and 15.9 cm (6.3") in height. The module flaps separated along the predesignated tear lines where the upper flap measured 6.4 cm (2.5") vertically from the common parting seam line with the lower flap and 50.0 cm (7.8") from the left to right vertical tear lines. The lower flap measured 5.1 cm (2.0") vertically from the common parting seam line to the bottom and 50.0 cm (7.8") from the left to right vertical tear lines. The flap thickness measured 3.0 mm (0.125") and the fluted vinyl spacer thickness measured 13.0 mm (0.5") (refer to photograph #45 on page A-23).

The steering hub which housed the air bag module had a heavy concentration of air bag generant which was primarily located on the bottom portion of the recessed mounting area (refer to photographs #37, #38 on page A-19). The top of the steering wheel hub separated into a triangular shaped area during the module separation sequence (refer to photograph #37 on page A-19). It measured 16.5 cm (6.5") along the lateral edge of the steering wheel hub top and 5.7 cm (2.3") toward the instrument panel. The 1.3 cm (0.5") steering wheel bolt was located 9.2 cm (3.6") above the bottom recessed area of the steering hub. The left side of the steering hub was cracked vertically beginning at the top and extending 8.9 cm (3.5") downward. The left and right side horn wire harnesses separated from the air bag module during the module separation sequence.

The steering wheel rim was not deformed during the crash events. The steering column shear plate at both the left and right shear capsules was displaced 0.5 cm (0.2") forward.

VEHICLE VELOCITY ESTIMATES

	Vehicle #1	Vehicle #2
Travel Speed:	48 km/h (30 mph) estimated by driver	Stopped
Impact Speed:	41 km/h (26 mph)	0 km/h (0 mph)
Total Delta V:	22 km/h (14 mph)	22 km/h (14 mph)
Longitudinal Delta V:	-22 km/h (-14 mph)	22 km/h (14 mph)
Lateral Delta V:	0 km/h (0 mph)	0 km/h (0 mph)
Energy Absorption:	25,156 joules (18,551 ft/lb)	31,930 joules (23,548 ft/lb)

COLLISION SEQUENCE

Pre-crash:

The driver of Vehicle #1 had picked up the three occupants at high school and was transporting them to their residence. The driver said they were listening to the radio and chatting when he traveled around a left curve at an estimated speed of 48 km/h (30 mph). The roadway changed to a straight segment when the driver suddenly noticed Vehicle #2 stopped in his travel lane waiting make a left turn into a driveway. The transition point where the roadway changed from the curve to the straight section was approximately 91 m (300') from the POI. Driver #2 said she was stopped with the front wheels turned to the left and waiting for a pedestrian on the sidewalk who was pushing a baby carriage to clear her driveway before making the left turn.

Driver #1 applied the brakes in a panic stop maneuver and attempted to steer right. The driver said the brake pedal began to chatter which he attributed to the function of the ABS. There were no pre-impact skid marks noted at the scene. The orientation of his vehicle at the FRP indicated the steering input was marginal.

Crash:

Vehicle #1 struck the rear of Vehicle #2 at an impact speed of 41 km/h (26 mph). This resulted in a CRASH 3 computed delta V of 22 km/h (14 mph) which was sufficient to initiate the air bag deployment sequence. As the driver air bag began to expand, the air bag inflator housing fractured releasing generant propellant into the vehicle interior. The air bag module disengaged from its mounting bolts and moved upward and to the right. The air bag module landed on the front center console between the front bucket seats.

The driver moved forward and loaded against the torso belt . The unrestrained right front occupant contacted the right instrument panel and windshield. The unrestrained rear seat occupants also moved forward and contacted the front seat back supports.

The driver of Vehicle #2 moved rearward in response to the impact force and deformed the seat back support rearward. Vehicle #2 then traveled across the on-coming travel lane and came to the FRP partially in her driveway and partially in the travel lane. Vehicle #2 sustained a CRASH3 computed delta V of 22 km/h (14 mph).

Post Crash:

Final Rest - Vehicle #1 came to rest in the northbound travel lane in a 6 degree clockwise rotation as referenced to its heading angle at point of impact (POI). Vehicle #1 traveled 12.7 m (42.3') from POI to FRP. The frontal plane of the vehicle was located 2.8 m (9.3') north of Vehicle #2's driveway at the FRP.

Vehicle #2 was pushed forward and subsequently traveled across the southbound travel lane in a counterclockwise rotation. It entered the driveway apron and came to the final rest position

(FRP) with the rear plane positioned in the southbound travel lane and the front of the vehicle in the driveway. Vehicle #2's heading angle at FRP was rotated 105 degrees counterclockwise from its heading angle at POI.

Driver Activities - The driver of Vehicle #1 observed smoke in the vehicle and felt a burning sensation on his legs from red embers that had fallen from the steering wheel hub. He also felt a burning sensation under his chin which he claimed was from a small particle which stuck to his skin. He brushed the particle off with his hand where it fell to the floor.

The driver released his restraint belt and attempted to open his door which was partially restricted by the rearwardly displaced left front fender. As a consequence, the door sprung back and contacted the driver in the face, resulting in a through and through laceration of his lip. The driver was able to exit the vehicle after a second attempt and was walking around when rescue arrived.

The other three occupants in Vehicle #1 exited through their respective doors without assistance. They were alarmed by the heavy concentration of smoke in the vehicle and were under the impression a fire had started in the vehicle interior.

The driver of Vehicle #2 remained in her vehicle until rescue arrived. She was removed from the vehicle after protective devices were affixed to her body (e.g., soft neck collar, backboard, etc.).

Police Activities - The crash occurred on a very busy segment of the roadway near the town hall offices and library. The police responded within five minutes and directed traffic while rescue treated the injured. They photographed both vehicles at their final rest positions (refer to photographs #9 - #11, #31 on pages A-5, A-6, A-16) and the driver of Vehicle #1 during first aid treatment in the ambulance (refer to photographs #71, #72 on page A-36).

Rescue Activities - The town nurse was among the first on the scene and assisted the right front passenger of Vehicle #1 who was bleeding from the face. Ambulance support and EMTs also arrived at the scene within five minutes and transported all parties to a local medical facility where they were treated and released.

HUMAN FACTORS/ OCCUPANT DATA

Vehicle #1	Driver	Right Front	Left Rear	Right Rear
Age/Sex:	20 yr. old male	15 yr. old female	16 yr. old female	16 yr. old female
Height:	180 cm (71")	165 cm (65")	Unknown	Unknown

Vehicle #1	Driver	Right Front	Left Rear	Right Rear
Weight:	111 kg (245 lb)	54.4 kg (120 lb)	Unknown	Unknown
Manual Restraint System Usage:	Wearing the available manual 3-pt. lap and torso belt	Not wearing the available manual 3-pt. lap and torso belt	Not wearing the available manual 3-pt. lap and torso belt	Not wearing the available manual 3-pt. lap and torso belt
Usage Source:	Vehicle inspection, interview, police report, belt impression in clothing	Vehicle inspection, police report, interview	Vehicle inspection	Vehicle inspection, police report, interview
Eyewear:	None (Corrective lenses not required)	Not wearing framed glasses	Unknown	Unknown
Vehicle Familiarity:	Purchased vehicle 41 days prior to the crash			
Route Familiarity:	Familiar with the area, traveled daily			
Trip Plan:	Transporting passengers from school to residence			
Type of Medical Treatment:	All passengers in Vehicle #1 were transported to a local hospital where they were treated and released			

Vehicle #2	Driver
Age/Sex:	40 yr. old female
Height:	167.6 cm (66.0")
Weight:	63.5 kg (140.0 lbs)
Manual Restraint System Usage:	Wearing the available 3-pt. manual lap and torso belt
Usage Source:	Vehicle inspection, police report, interview
Eyewear:	Unknown

Vehicle Familiarity:	Original owner
Route Familiarity:	Very familiar, grew up on the street, traveled daily
Trip Plan:	Returning to residence
Type of Medical Treatment:	Transported to a local hospital where the driver was treated and released

INJURY DATA

INJURIES DRIVER OF VEHICLE #1	INJURY SEVERITY (AIS-90)	SOURCE
<p>1. Second degree burn on the right inner medial thigh.</p> <p>Second degree burn of the left thigh.</p> <p>First and second degree burns over the dorsum aspect of the right hand. No involvement of the central aspect.</p> <p>Burn of the right forearm.</p> <p>First and second degree burn over the left hand. These were non-circumferential and involved a smaller area than on the right hand.</p>	992006.10	Air bag generate/air bag exhaust gases
2. Small cut under chin from an object that stuck to skin.	290602.18	Fragment from the sodium azide pellet
3. Hematoma developing on left anterior shoulder.	790402.12	Torso belt of the 3-pt. manual belt system
4. Laceration through and through of lower lip	Not coded	Related to post crash egress activities where the driver's door sprung back into the driver's face

INJURIES DRIVER OF VEHICLE #1	INJURY SEVERITY (AIS-90)	SOURCE
5. Singe hair of nares, eye lashes, hair sticking out of baseball cap worn backwards over forehead.	Not coded	Air bag exhaust gases

RIGHT FRONT PASSENGER		
1. Deep small (0.5") laceration of nose.	290602.10	Windshield
Lacerations of forehead over right eye.		Windshield
Small laceration under nose.		Windshield
Laceration of upper lip.		Windshield
LEFT REAR PASSENGER		
Not injured	N/A	N/A
RIGHT REAR PASSENGER		
1. Pain of the right knee	Not codeable	Front seat back rest

DRIVER OF VEHICLE #2		
1. Neck pain	Not codeable	Impact forces
2. Left shoulder pain	Not codeable	Seat back rest

OCCUPANT KINEMATICS

Driver of Vehicle #1

The driver was seated with his back against the seat back rest, left hand on the steering wheel rim at the 10 o'clock position and his right foot on the brake pedal at the time of the crash. The seat was adjusted to the full rear seat position. Although he claimed to have extended his right arm in an effort to restrain the right front occupant prior to the crash, burn injuries to his right hand and forearm indicated his hand was in the vicinity of the steering wheel rim at the time of the SIR deployment sequence.

During the impact, Driver #1 moved forward and loaded the three point manual lap and torso belt which resulted in a contusion of the left shoulder that extended diagonally across his chest area. The restraint belt restricted the driver from loading the air bag/ air bag module which allowed a flight path for the separating air bag module. Air bag generant debris contacted the torso belt as the air bag module separated from the steering anchorage points (refer to photograph #34 on page A-17).

The driver's pliable cotton "Baja" pullover shirt was singed by the air bag exhaust gases which resulted in areas of stiffened material over the chest and both arms. These areas showed discoloration from the original blue and white color weave to a brown hue. The outline of the torso belt can be seen in photograph #73 on page A-37 where the original color of the shirt was protected from the exhaust gases by the torso belt.

The driver's cotton pants and lower portion of the his pullover shirt revealed several BB size burn holes. Three large holes were noted above the crotch area in the pants and left of the zipper in which two of the holes measured 1.3 cm (0.5") in diameter and the third measured 0.48 cm (0.19") in diameter. These holes exhibited a surrounding dark ring burn pattern and were attributed to contact by air bag generant debris (refer to photographs #79, #80 on page A-40).

The driver rebounded back against the seat back support and remained in the driver's seat at the FRP. He unbuckled his restraint belt and exited the vehicle through the driver's door. The driver was the last person out of the vehicle due to the restriction of his door. As he tried to open his door, the door sprung back against his face resulting in a laceration of his lower lip by the penetration of his upper teeth. The driver said everyone in the vehicle was under the impression the vehicle was going to catch on fire and wanted to exit as quickly as possible. Once the driver was clear of the vehicle, he walked to Vehicle #2 to check on the status of the driver.

Right Front Occupant of Vehicle #1

The unrestrained right front passenger was sitting with legs crossed and was turned slightly towards the driver. The occupant moved forward and struck the right instrument panel with her right knee which noted by the a 3.8 cm (1.5") diameter indentation on the glove compartment door. She continued forward and contacted the upper edge of the instrument panel with her lower torso, resulting in an indentation which laterally measured 8.4 cm (3.3"). The occupant contacted the sunvisor with her head as the vehicle pitched downward in response to vehicle braking and subsequent impact forces. A 2.5 cm (1.0") wide scuff mark was noted on the sunvisor which was located at the forward edge of the sunvisor and extended 6.4 cm (2.5") rearward.

The right front occupant's head was deflected downward and her face struck the windshield. This contact resulted in a typical spider web pattern in the windshield with tissue transfer from her forehead, and a black eyelash mascara transfer on the glazing. She sustained a laceration of the forehead over the right eye, 1.2 cm (0.5") laceration of the nose, laceration under the nose, and laceration of the upper lip.

Rear Seat Occupants of Vehicle #1

The rear seat occupants were not using the available lap and torso manual restraint belts. Both occupants contacted the back of the respective front seat back rests. The left rear occupant was listed by the police as not injured, while the right rear occupant indicated she had pain of the right knee. All occupants departed the vehicle under their own power.

Driver of Vehicle #2

The driver of Vehicle #2 was making a left turn into her driveway prior to the crash. She had her hands on the steering wheel rim and her foot on the brake pedal while waiting for a pedestrian to clear the sidewalk in front of her driveway. Upon impact, she moved rearward against her seat back support with her head extended over the top of the head restraint (the head restraint was adjusted in the down position). The seat back support deformed rearward to a measured angle of 50 degrees from vertical. She remained secured in her seat by the restraint belts and was subsequently removed by rescue personnel after a backboard and a soft cervical collar were applied. She described her injuries as a sprain of the neck and left shoulder. She was transported to a local medical facility where she was treated and released.

FAILED INFLATOR EVALUATION AND TESTING

The air bag inflator was evaluated and tested at the manufacturer's laboratory using nondestructive and destructive test procedures. Representatives from the National Highway Traffic Safety Administration's Office of Defect Investigation (ODI), the National Highway Traffic Safety Administration's Special Crash Investigations Program (SCI), and the General Motors Corporation were present. Test procedures presented by the air bag manufacturer were reviewed and agreed upon prior to the start-up of the testing.

The inflator housing was made of 6061-T6 aluminum which was constructed of two half sections identified as 'base' and 'diffuser' sections. The interior area of the inflator was designed with three partition walls (i.e., weld lands) which separate and hold the various parts of the inflator (e.g., screen packs, sodium azide pellets, etc.) in their designated locations during the assembly process. The walls are identified as follows: the diffuser chamber weld land makes-up the outer wall of inflator; the combustor chamber weld land comprises the middle wall; and the igniter weld land makes-up the inner wall.

Assembly of the inflator involved an inertial welding process where the diffuser section was held stationary in a machine while the base section was mounted to a rotating ram and placed in close proximity to the diffuser section. The base unit was then rotated at a specified RPM and rammed against the diffuser section resulting in a frictional weld along the three weld land surfaces. A characteristic of a successful fusion at the weld land was the resulting outward curl of metal along the weld land (refer to photographs on page A-57, A-59 which show a successful fusion of the diffuser chamber and combustor chamber weld lands).

Nondestructive Testing

The inflator was removed from the air bag module assembly and measured for its concentricity. The diffuser side of the inflator recorded a 1.5 mm (0.061") vertical bulge (refer to photograph #102 on page A-53) with the center of the inflator off-set by 0.1 mm (0.004") (refer to photograph #103 on page A-54). The unit was viewed under a scanning electron microscope (SEM) with no unusual contaminants detected. The inflator was tested using the Rockwell hardness test and determined to be within specification tolerances.

The unit was cleaned with ultrasound and reviewed again under the SEM. A segment of the igniter weld land was enhanced due to its visual lack of the characteristic metallic displacement (i.e., weld land upset) and its lack of fused surface (refer to photographs on pages A-55, A-56).

Destructive Testing

Cross section of the weld lands were prepared and evaluated under the SEM. As shown in photographs on pages A-58, A-60, the typical outward curl of metal at the diffuser and combustor weld lands was present in the Corsica inflator module which appeared to be within scope of a typical weld profile as illustrated in photographs on pages A-57, A-59. The weld lands were also prepared in a radial view (i.e., cut through the center of the weld land along the curved wall) to assess the fusion characteristics of the aluminum. As shown in SEM photographs on page A-63 of the Corsica's combustor weld land, the flow of the metal grain was similar to the flow noted in a typical weld land as shown by photographs on page A-62. The results of this testing indicated that the combustor and diffuser weld lands of the Corsica inflator appeared to be fused within specifications.

Conclusion

It was theorized that as the inflation process began, the increasing pressure began to force the defective igniter weld land apart. This resulted in the bulging of the diffuser section of the inflator and the fracture of the base section at the igniter weld land. The fracture site allowed air bag generant gases to escape directly into the vehicle interior. The metal adjacent to the fracture site contacted the steering wheel retaining nut resulting in the complete fracture of the base section.

The combination of fracturing metal and thrust applied against the steering wheel hub from escaping air bag gas resulted in the separation of the air bag module from its hold down clinch pins. The escaping gas then propelled the air bag module assembly away from the steering wheel assembly where it landed on the center console between the front bucket seats.

The root cause for the faulty weld land has not be provided by the air bag manufacturer. It was speculated that either the weld land was contaminated at the time of assembly and/or there was a defect with the inertia weld machine during the assembly process.

Chemical contamination of the sodium azide pellets, however, can not be ruled out as a contributing factor to the inflator failure. It was reasoned that a normal burn rate of sodium azide pellets during deployment would be typically very rapid (i.e., peak output is achieved within a relatively short time interval). In this crash, however, the burn rate may have occurred at a slower rate (i.e., peak output achieved over a longer time interval) as observed from the debris field in the vehicle interior (e.g., BB size burn marks in the roof fabric, in the front seat cushion, the driver's clothes, and the floor mat). This phenomena gives rises to the question of whether there was contamination of the pellets prior to/or during inflator assembly. If the burn rate was altered by contamination, the inflator unit could have experienced a heat intensity that was stretched over a longer time interval. This condition may have exacerbated the weakened weld land situation resulting in the unit's catastrophic failure.

APPENDIX A

Selected Prints of the Crash Scene, Crash Vehicles, and Failed Inflator

Selected Prints
Calspan Case No. 94-23



1. Trajectory of 1993 Chevrolet Corsica LT (Vehicle #1), 60 m (200') prior to the POI.



2. Trajectory of Vehicle #1, 30 m (100') prior to the POI.



3. Trajectory of Vehicle #1, 15 m (50') prior to the POI.



4. Location of POI.



5. Final rest position (FRP) of the Vehicle #1.



6. Lateral view of Vehicle #1 looking west toward the final rest position of Vehicle #2 (1986 Chevrolet Celebrity Station Wagon).



7. Lookback view of the 1993 Chevrolet Corsica LT trajectory beyond the FRP.



8. Lookback view at 60 m (200') from POI.



9. On-scene photograph of Vehicle #1's FRP.



10. On-scene view of both vehicles at FRP.



11. On-scene view of the relative positions of both vehicles at FRP.



12. Lookback view of Vehicle #2's FRP.



13. Relative positions of both vehicles at FRP.



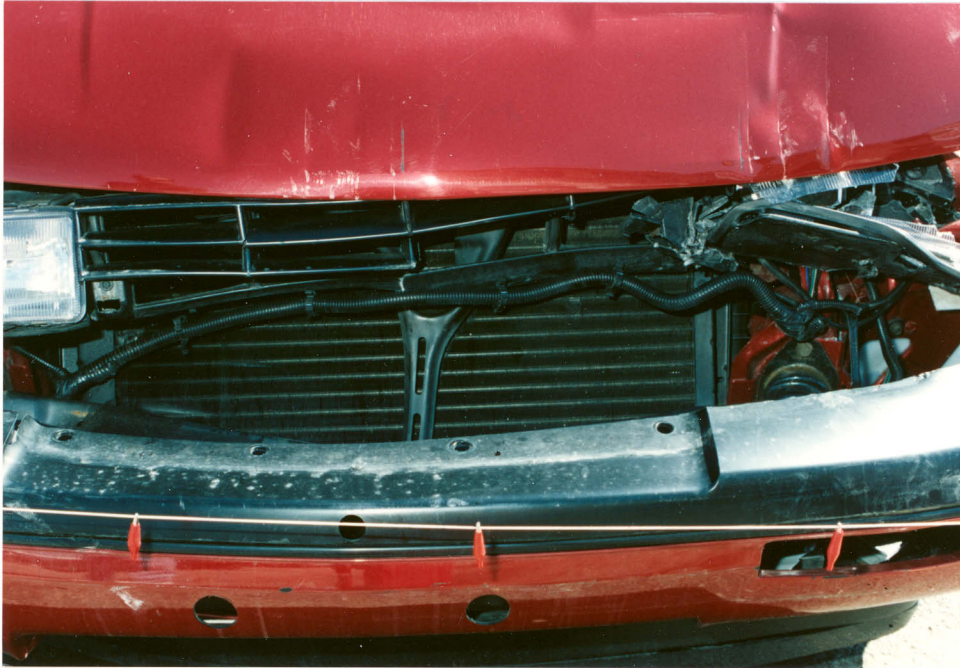
14. Lookback view of Vehicle #1's FRP.



15. Frontal view of the 1993 Chevrolet Corsica LT (Vehicle #1) showing the entire contacted plane.



16. Frontal view of Vehicle #1 showing contact along the right side of the frontal plane.



17. Frontal view of Vehicle #1 showing contact along the center of the frontal plane.



18. Frontal view of Vehicle #1 showing contact along the left side of the frontal plane.



19. Left front corner view.



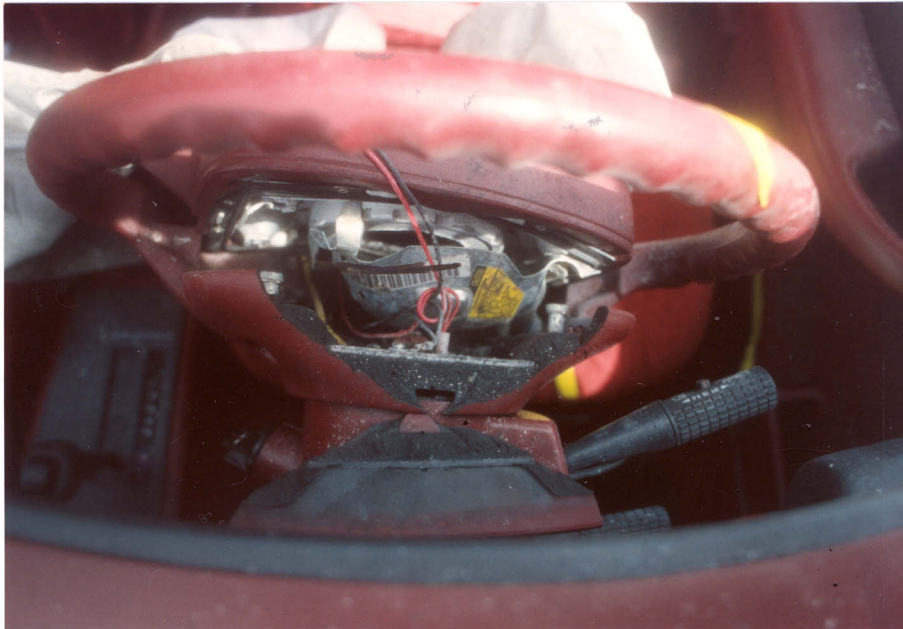
20. Exterior close-up view of the windshield over the steering column showing air bag generant debris.



21. Interior view of the windshield showing the heavy concentration of generant debris above the air bag module.



22. Overhead view of the windshield showing the heavy concentration of generant debris in relationship with the air bag module.



23. Overhead view of the air bag module after it was repositioned in the steering wheel hub.



24. Perpendicular view of the left front fender and bumper.

25. View of the frontal plane from left to right illustrating the extent of rearward deformation.



26. Lateral view of the frontal plane from right to left illustrating the extent of rearward deformation.

A-14



29. View of Vehicle 1's left side plane.



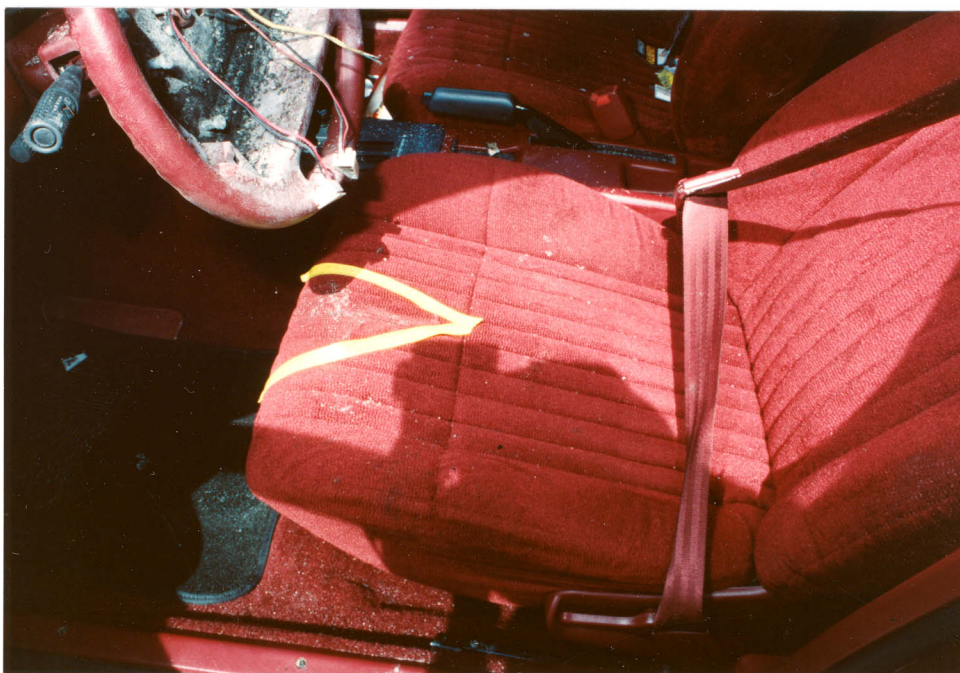
30. View of the right front corner.



31. On-scene view of the steering wheel showing the separation of the air bag module from the steering wheel hub and a heavy generant residue.



32. Interior view of Vehicle #1 showing the steering wheel and instrument panel.



33. Lateral view of the driver's seat cushion highlighting a "V" shaped area on the seat fabric which was singed by air bag generant debris.



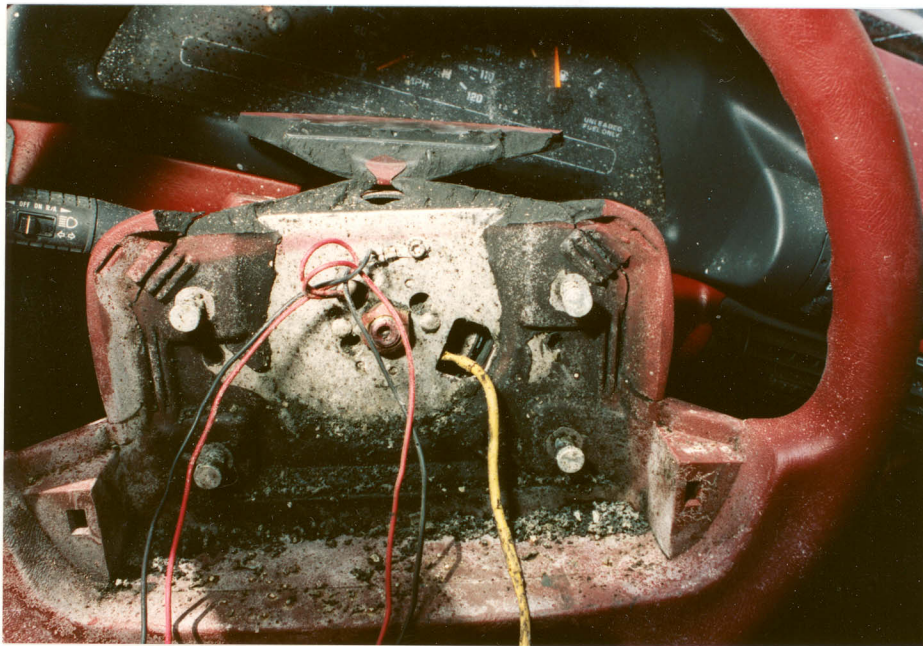
34. View of the driver's torso belt showing air bag generant debris embedded in the weave of the belt



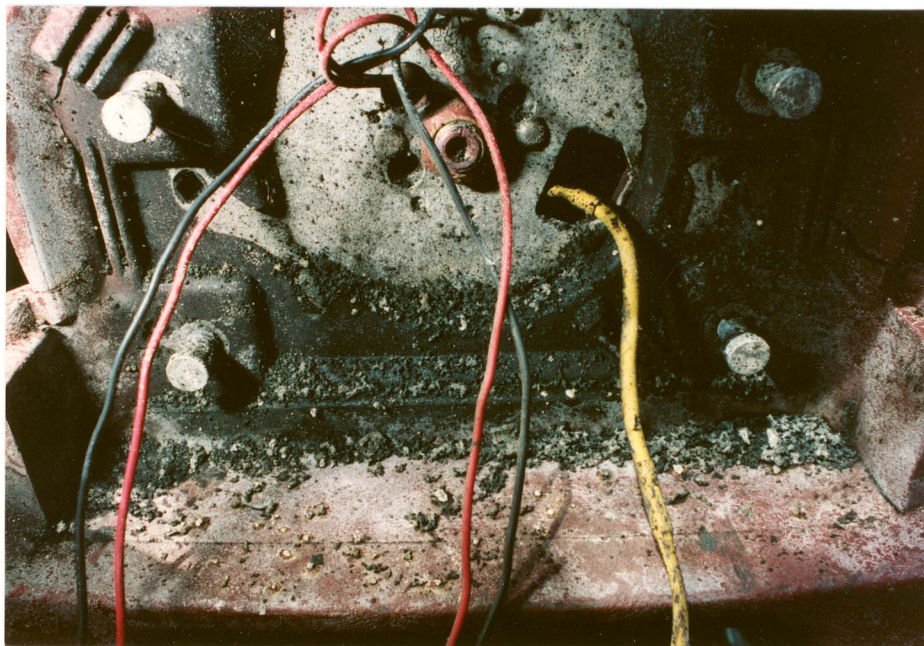
35. View of the driver side floor mat which was singed by air bag generant debris. This area was located directly under the steering column.



36. Close-up view of the singed mark on the driver side floor mat.



37. View of the steering wheel hub showing air bag generant debris along the bottom sill of the steering hub, white and green air bag ignitor wires encapsulated by a yellow sheath, and horn wire harnesses.



38. Close-up view of the lower portion of the steering wheel hub showing air bag generant debris.



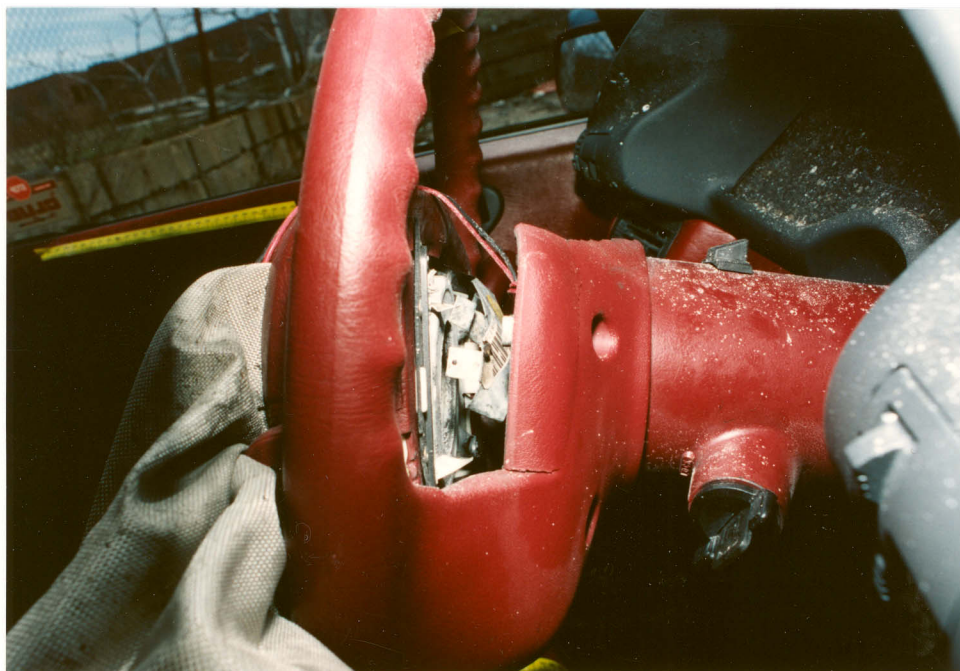
39. View from the left side of the steering wheel with the air bag module repositioned in the steering wheel hub.



40. Lateral overhead view from the left side of the steering with the air bag module placed in the steering wheel hub.



41. View from the right side of the steering wheel with the air bag module repositioned in the steering wheel hub.



42. Lateral view from the right side of the steering wheel with the air bag module repositioned in the steering wheel hub.



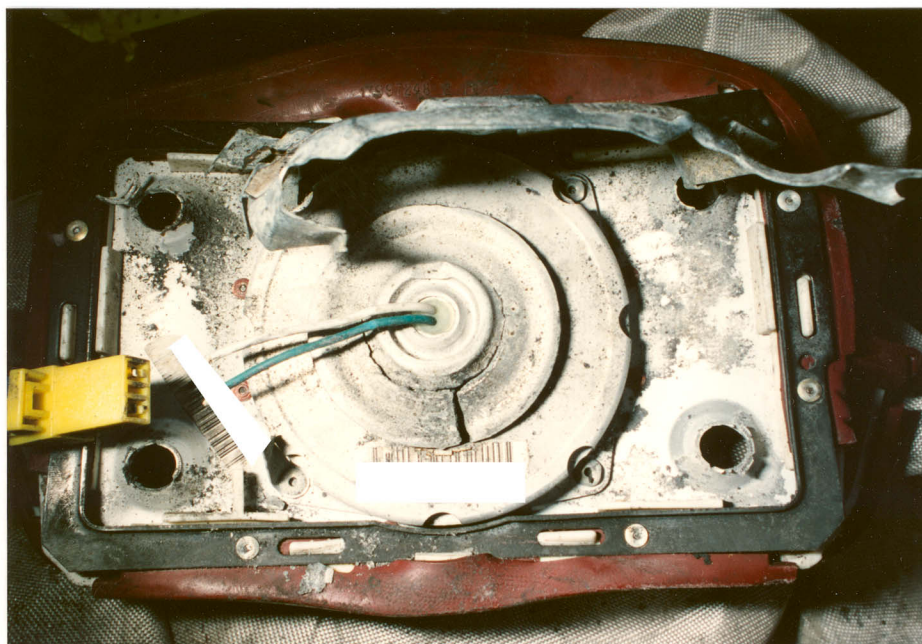
43. View of the upper flap of the air bag module cover.



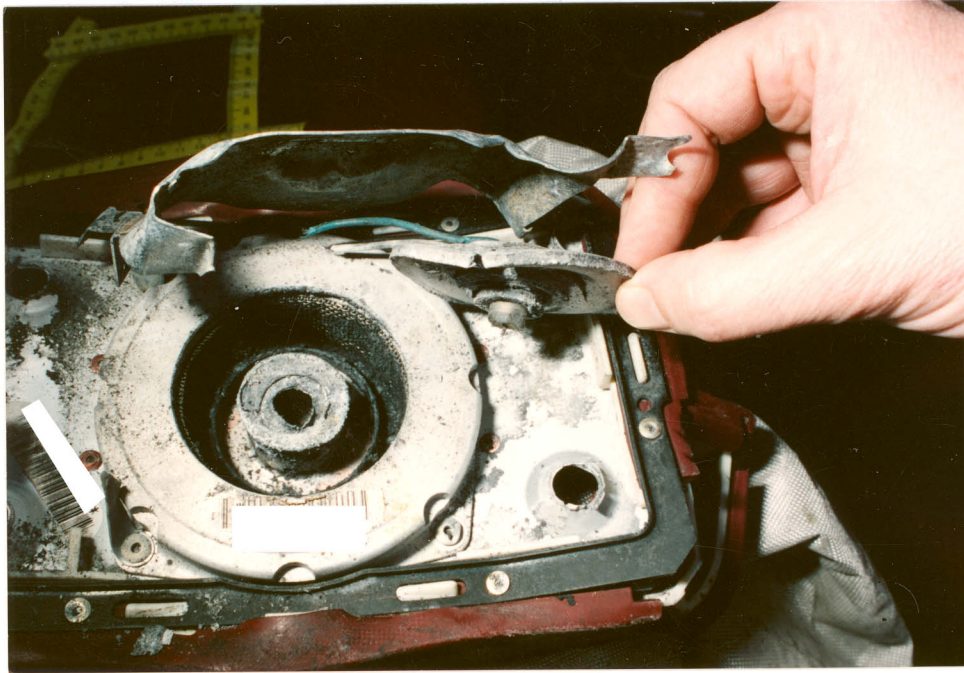
44. View of the nontethered air bag with the 12 o'clock position of the bag oriented at the top of the photograph.



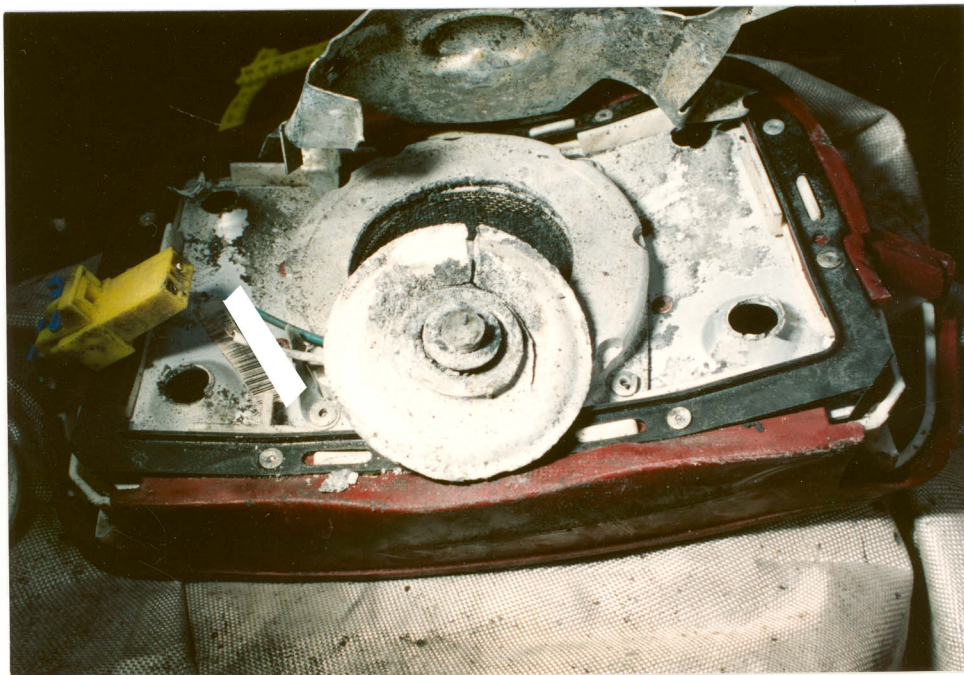
45. View of the upper and lower flap of the air bag module cover illustrating the thickness of the module cover and the fluted vinyl spacers.



46. View of the back side of the air bag module with the ignitor squib (Part #1) repositioned in its (approximate) original position for photographic purposes.



47. Lateral view of the ignitor squib (Part #1) which was separated from the base of the inflator during the deployment sequence.



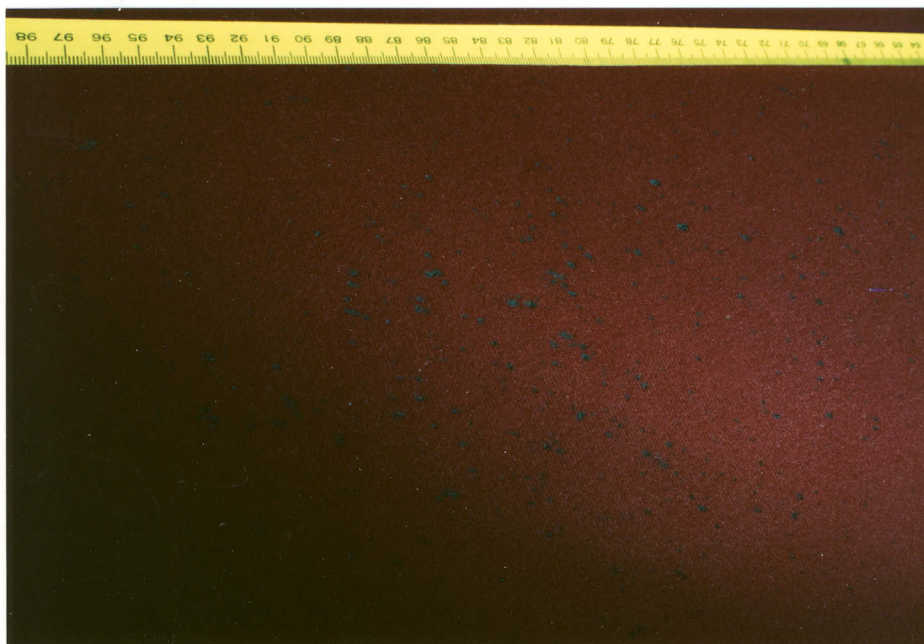
48. Reverse side of Part #1.



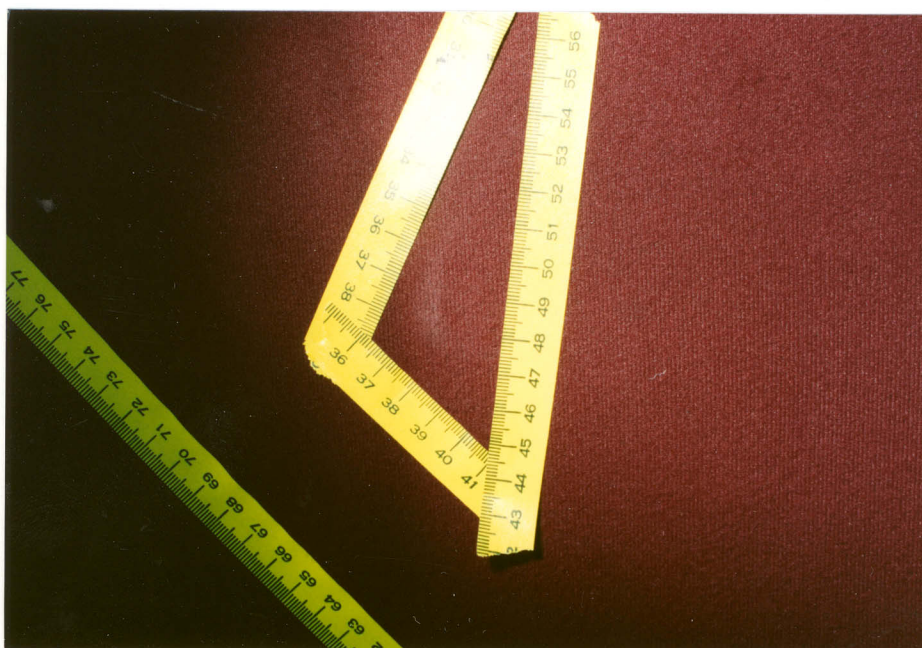
49. Lateral view of Vehicle #1's interior as seen from the left side of the vehicle.



50. View from the right side of the vehicle of air bag generant debris embedded in the roof fabric which began in the center of the vehicle and extended rearward to the right rear passenger area.



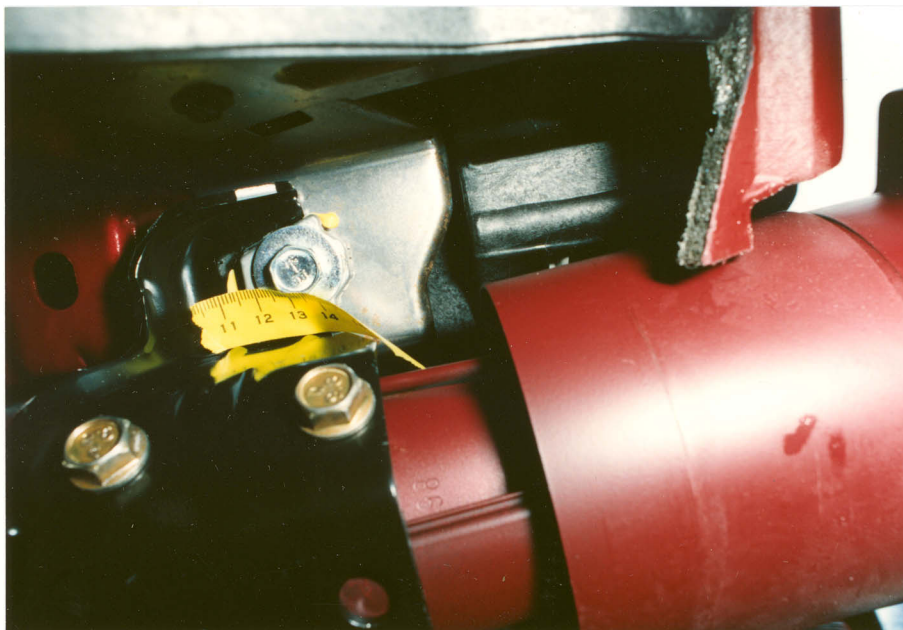
51. Close-up view of BB size burn marks from air bag generant debris embedded in roof fabric along the right side.



52. A light color transfer mark on the roof fabric over the right rear seat area,



53. View of the driver's side showing generant debris on the windshield and the steering wheel hub without the air bag module.



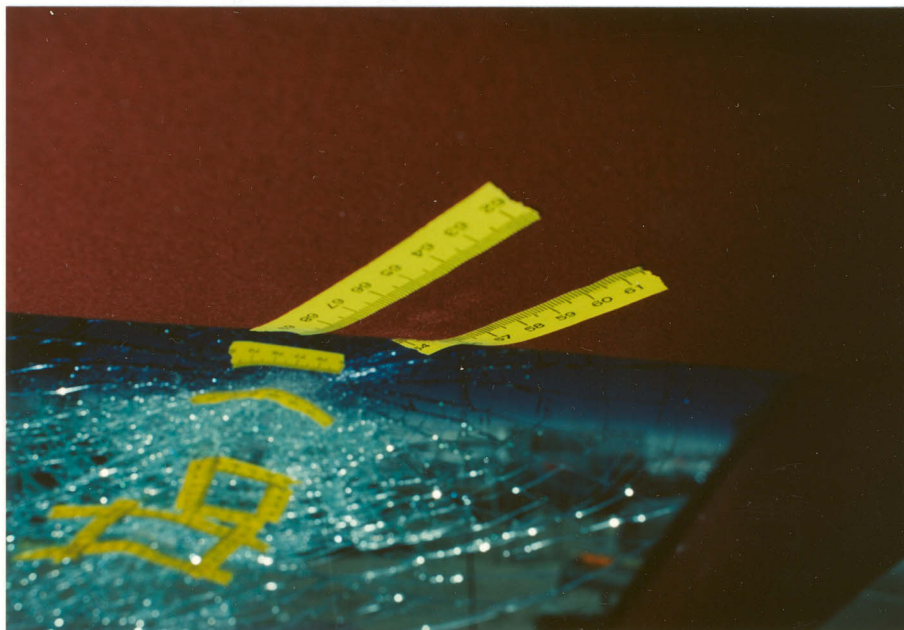
54. View of the left shear capsule.



55. View of the center instrument panel taken from the rear seat.



56. View of the right front instrument panel.



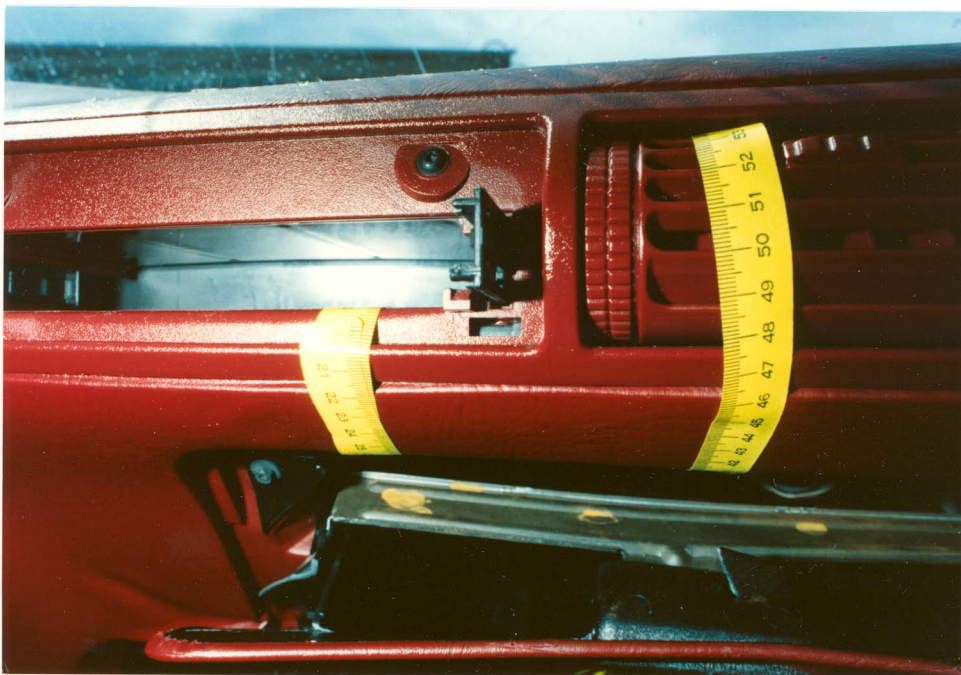
57. View of the right front occupant contact evidence on the surface of the right sunvisor.



58. Close-up view of right front occupant contact on the windshield.



59. Close-up view of mascara and tissue transfer from the right front occupant on the windshield.



60. Contact evidence from the right front occupant at the mid instrument panel level.



61. Deformation of the glove compartment door from contact by the right front occupant.



62. Angular view of the instrument panel taken from the right side of the vehicle.



63. View of the driver's door illustrating the singed area above the armrest and melted fabric below the armrest from air bag generant debris.



64. Lateral view of the driver's door showing a singe mark located above the door armrest and below the window sill.



65. Close-up view of the singed fabric above the left front door armrest from air bag exhaust gases.



66. Close-up view of the melted fabric below the driver's door armrest from air bag generant debris.



67. Angular view of the rear seat area taken from the left side of Vehicle #1.



68. Lateral view of the rear seating area taken from the left side of the vehicle.



69. Lateral view of the rear seating area taken from the right side of the vehicle.



70. Angular view of the rear seat area taken from the right side.

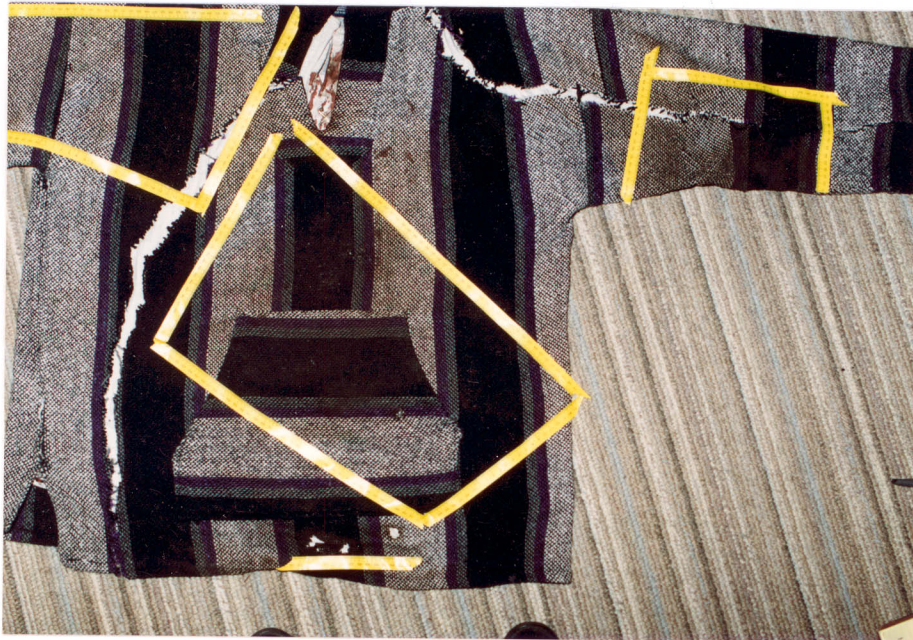
"GRAPHIC"
PHOTOGRAPHS and IMAGES

**Several vivid photographs have been removed for this case.
These photographs contain highly graphic material
which may be improper for the general audience.**

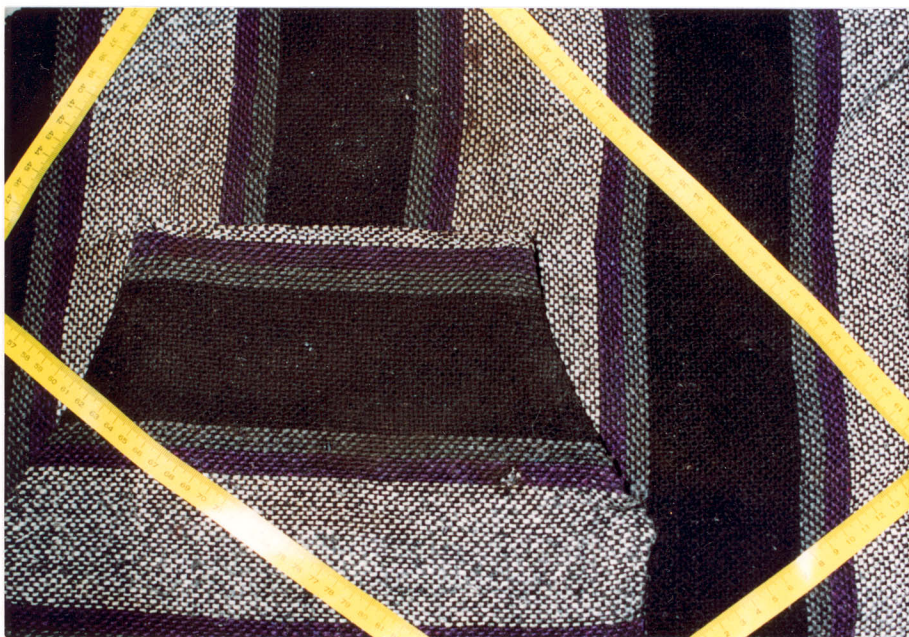
Photographs #71, #72 (page A-36)

**If you would like a copy of these photographs and/or images
please call or write to:**

**Marjorie Saccoccio at (617) 494-2640
VOLPE NATIONAL TRANSPORTATION SYSTEMS CENTER
55 Broadway
Cambridge, MA 02142**



73. View of the driver's heavy cotton "Baja" pullover shirt showing a brown discoloration of the original blue and white color weave. The chest area and both arms were singed by air bag exhaust gases. The outline of the torso restraint belt can be seen by the lighter color fabric which begins over the left shoulder and extends diagonally across the chest area.



74. Closer view of the singed areas of the driver's pullover shirt.

75. View of the driver's cotton undershirt worn at the time of the crash.



76. Close-up view of the cotton undershirt shirt fabric illustrating the singed discolored areas.



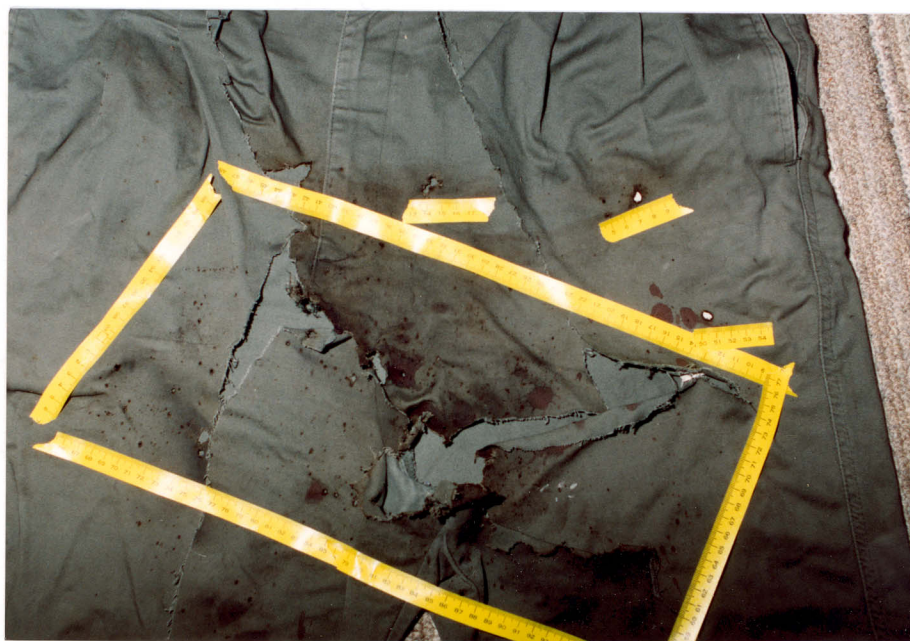
77. Close-up view of the lower portion of the pullover shirt fabric illustrating burn holes from air bag generant debris.



78. Close-up view of the left arm fabric illustrating discoloration from air bag exhaust gases.



79. View of the driver's pants showing burn holes and heat discoloration of the fabric. Rips in the fabric were the result of on-scene medical rescue procedures.



80. Close-up view of burn marks in driver's pants.



81. Frontal view of the 1986 Chevrolet Celebrity station wagon (Vehicle #2)



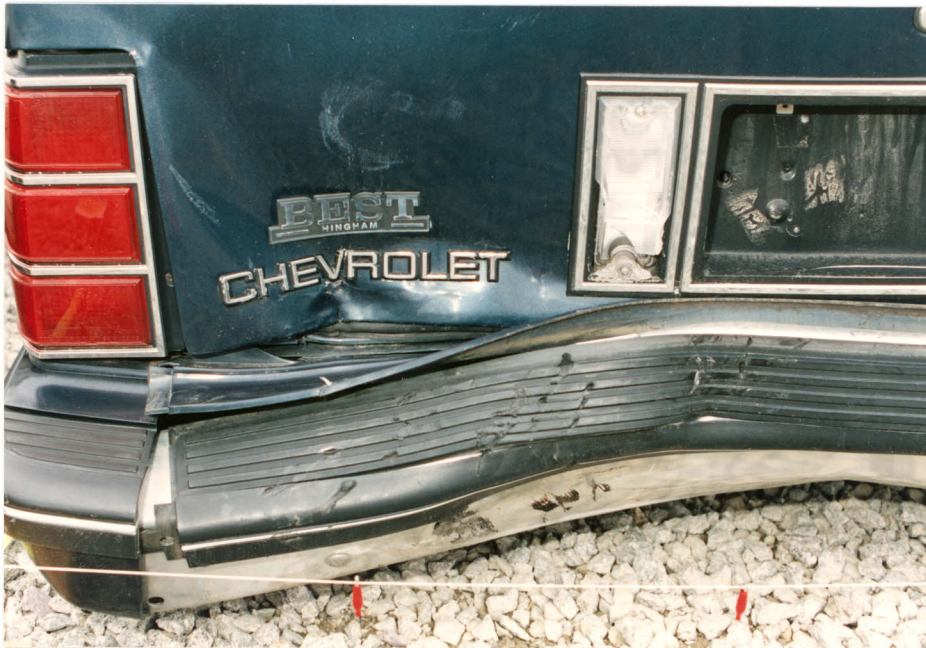
82. Left front corner view of Vehicle #2.



83. Left rear corner view of Vehicle #2 showing impact damage.



84. Rear view of Vehicle #2.



85. Close-up view of the left third of the rear plane.



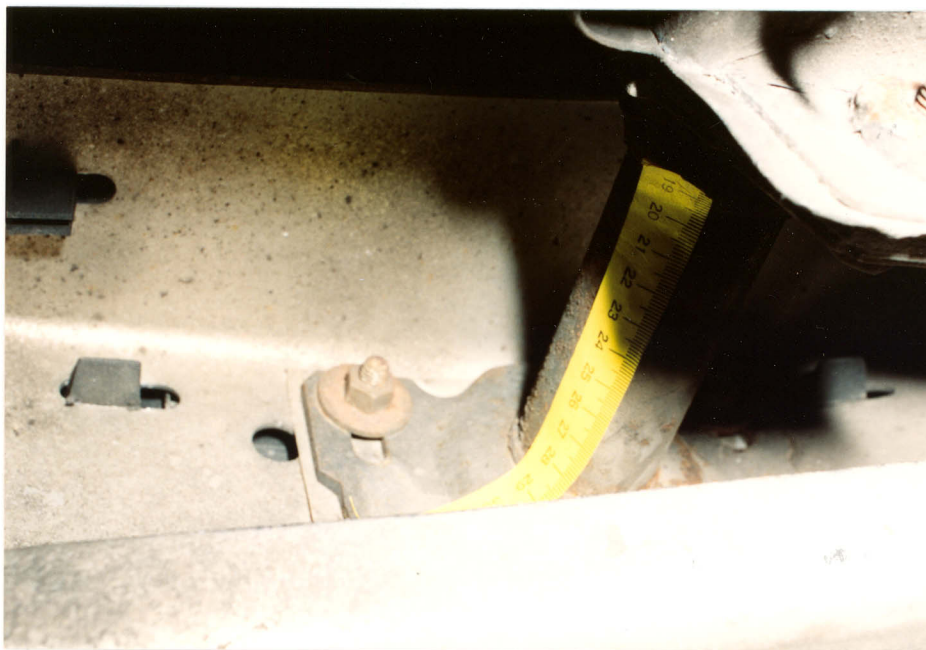
86. View of the left bumper energy absorber device (EAD).



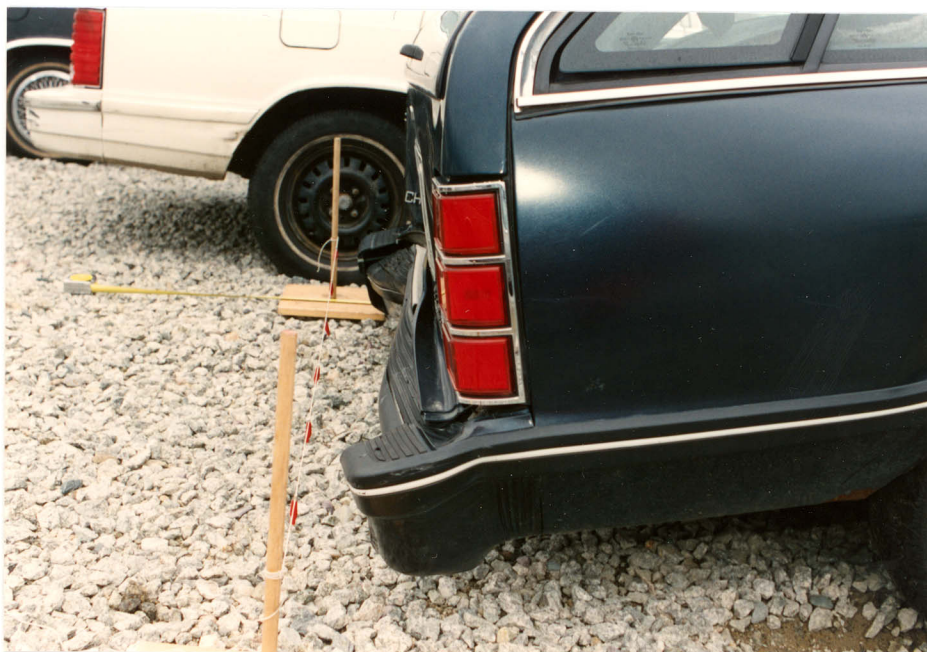
87. View of the center third of the rear plane showing direct contact damage.



88. View of the right third of the rear plane.



89. View of the right bumper EAD.



90. Perpendicular view of the right side of Vehicle #2 illustrating the extent of vehicle crush.

91. Overhead view from the right side of Vehicle #2 illustrating the extent of vehicle crush.



92. Perpendicular interior view of the right side of Vehicle #2.



93. Angular view from the right rear corner.



94. View of the instrument panel taken from the left side of Vehicle #2.

95. View of the left front instrument panel.



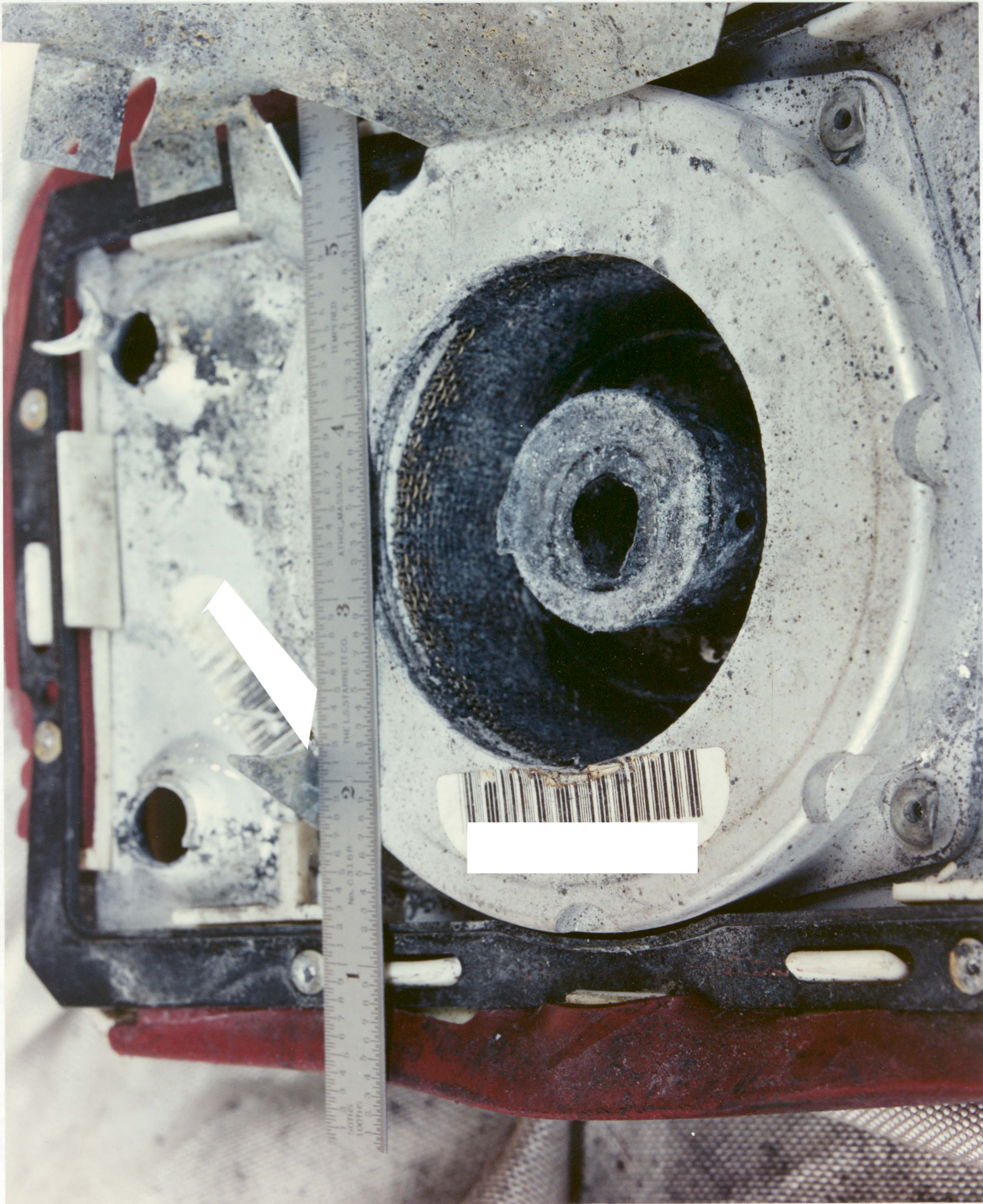
96. View of the driver side seat back rest.



97. Close-up view of the driver side head restraint showing contact evidence.

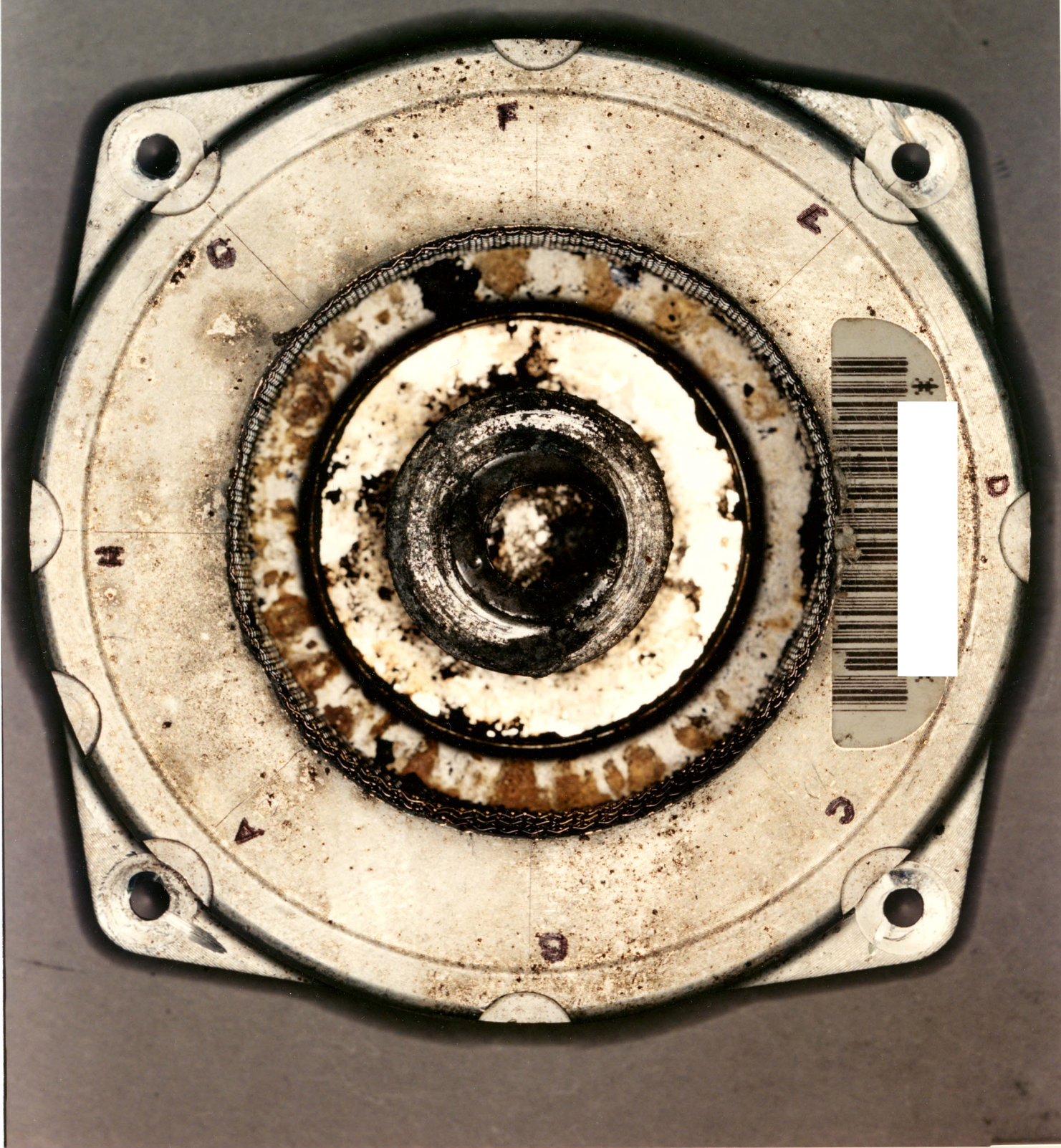


98. View of the rear cargo area.



99. View of the inflator taken from the left side of the unit. Note the weld shear lip on the igniter can.

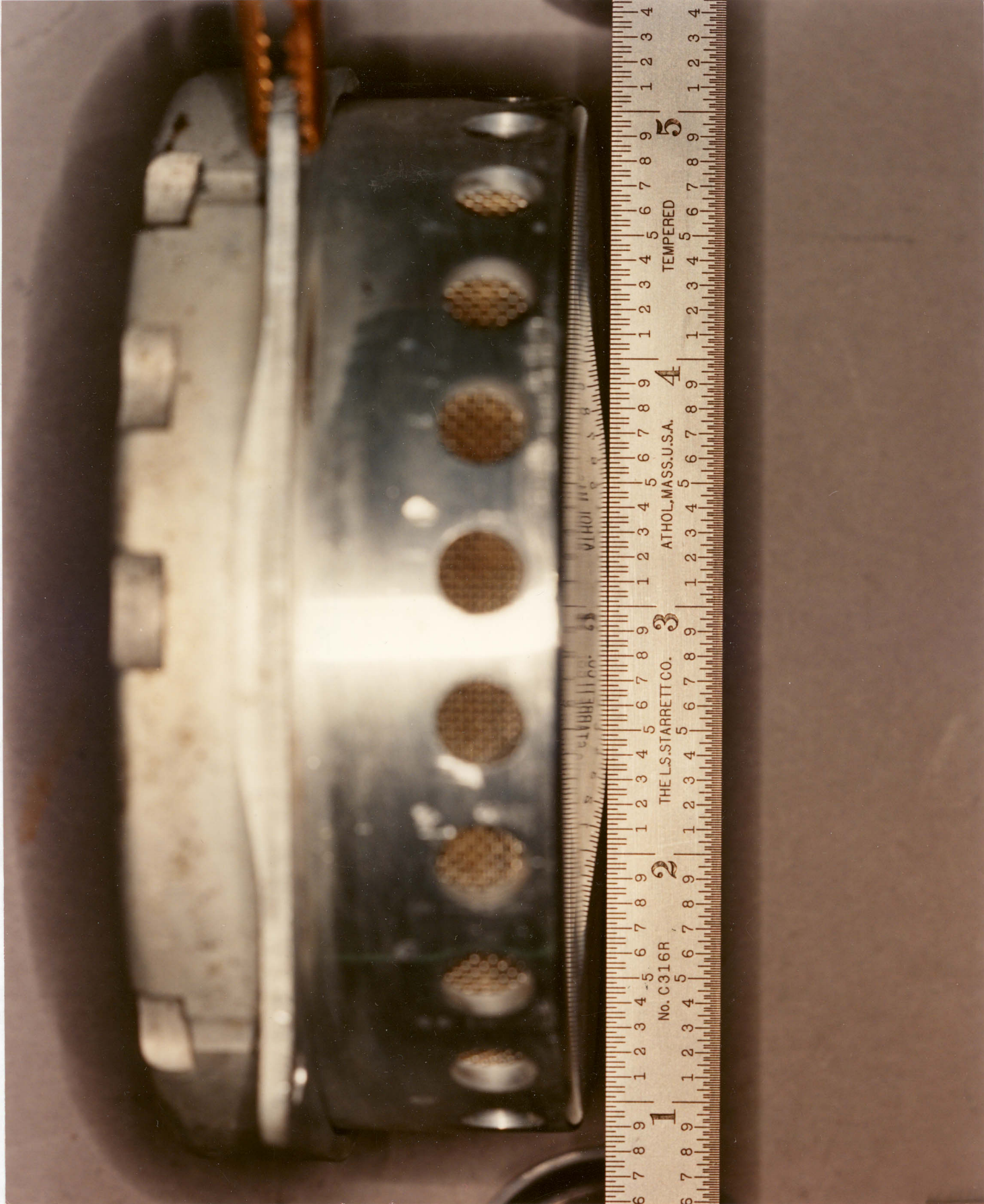
BEST AVAILABLE



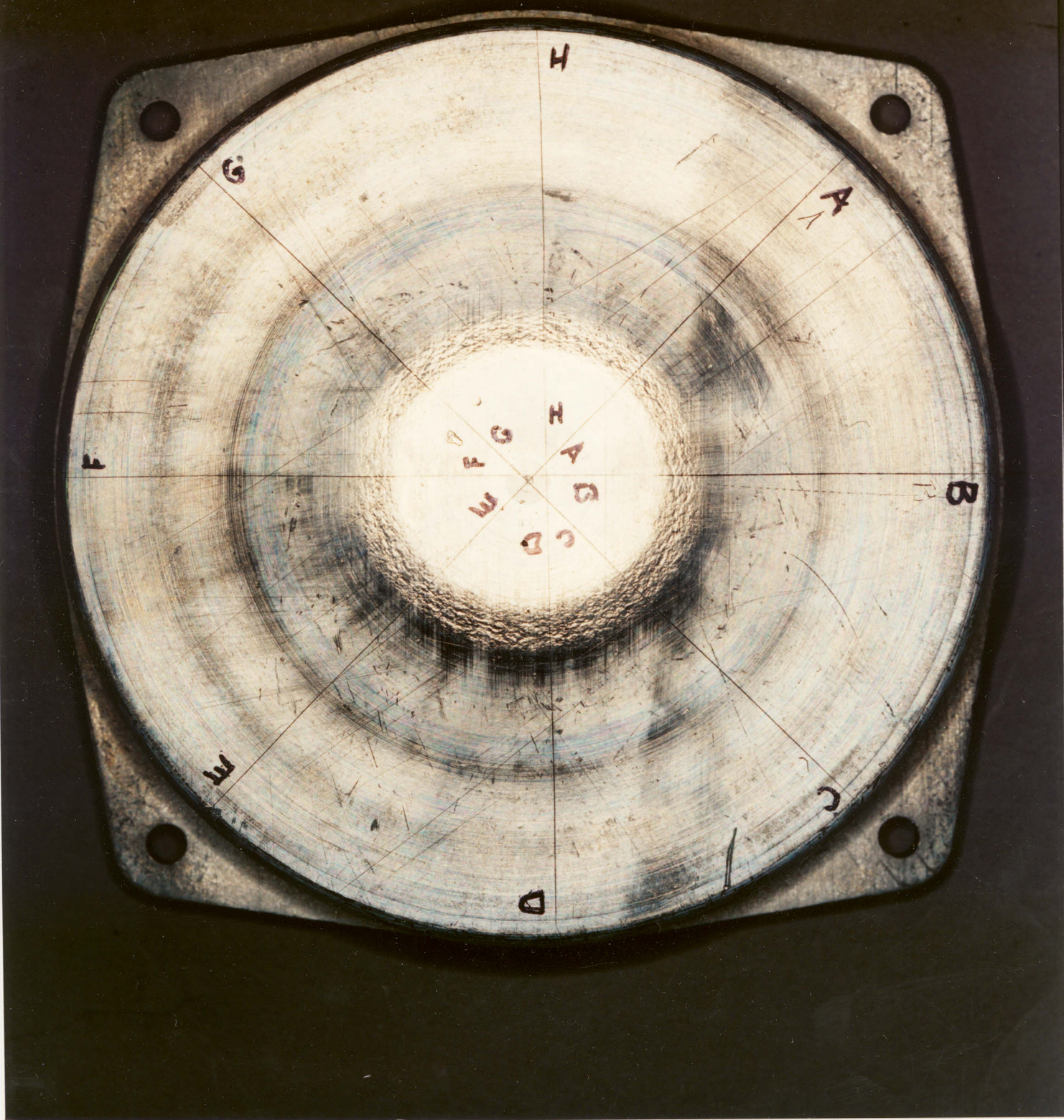
100. Overhead view of the inflator base after cleaning.



101. Close-up view of the defective weld on the igniter weld land of the fractured squib section which is visible at the uneven surface (i.e. dark gray area).



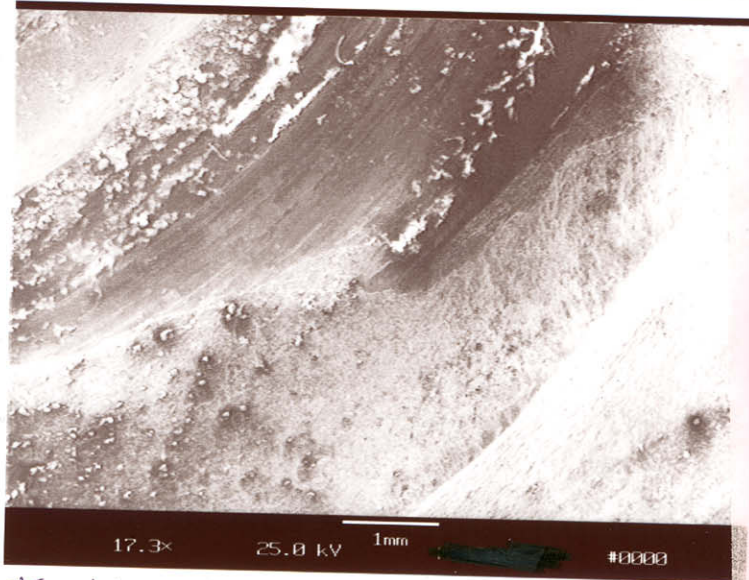
102. Side view of the inflator showing the distortion ("bulge") of the diffuser surface in relationship with a calibrated scale.



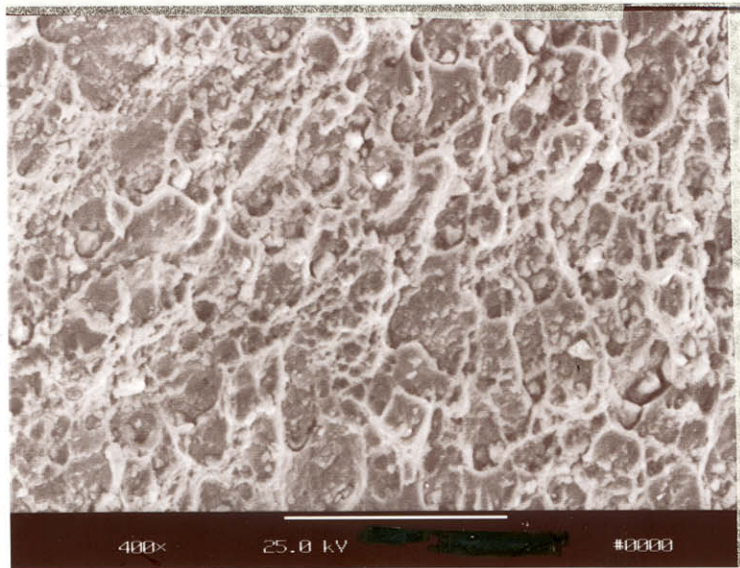
103. View of the diffuser side of the inflator with reference axes established. Note the circumferential stress marks near the center of the unit.

SEM PHOTOGRAPHS

Field 1 - Part 1 (Post Cleaning) - Igniter Weld Land
Fused Area



Field 1 Part 1 Igniter Weld Land



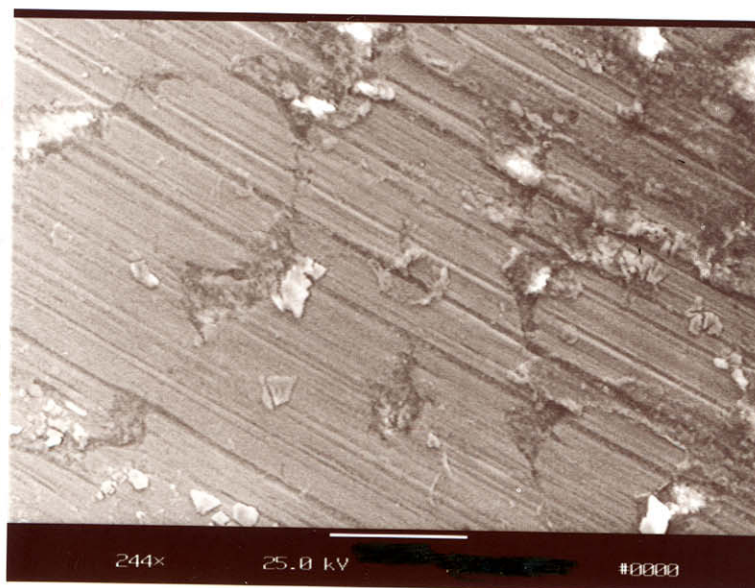
Field 1 Part 1 Igniter Weld Land

SEM PHOTOGRAPHS

Field 3 - Part 1 (Post Cleaning) - Igniter Weld Land
Non Fused Area

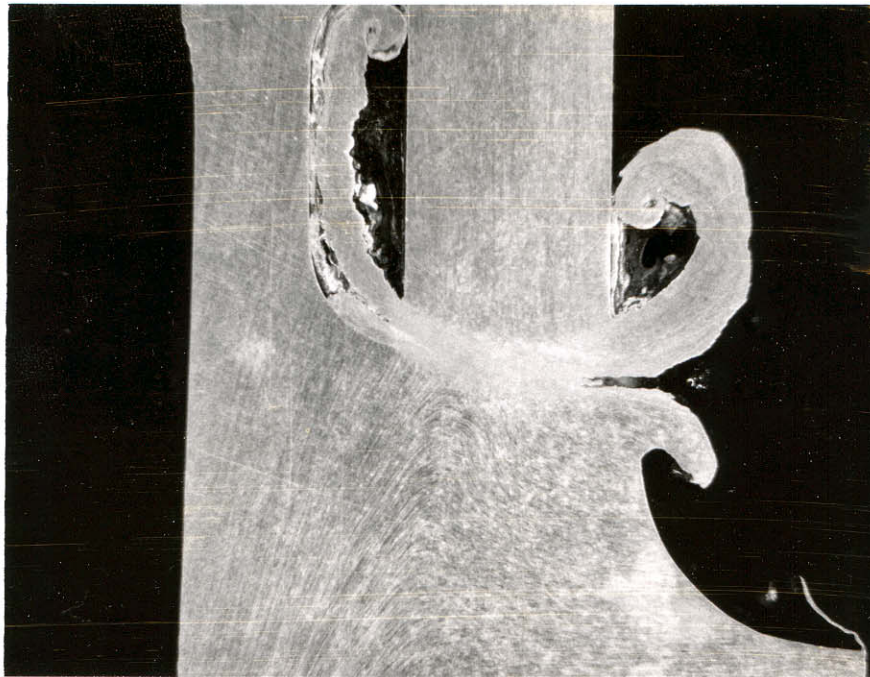


Non-fused Area Part 1



Non-fused Area Part 1

Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld Cross-Section
12.8X Magnification

Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld - Cross Section
100X Magnification

Diffuser
Side



Base
Side

CORSICA INFLATOR
Diffuser Chamber Weld Cross-Section
12.8X Magnification

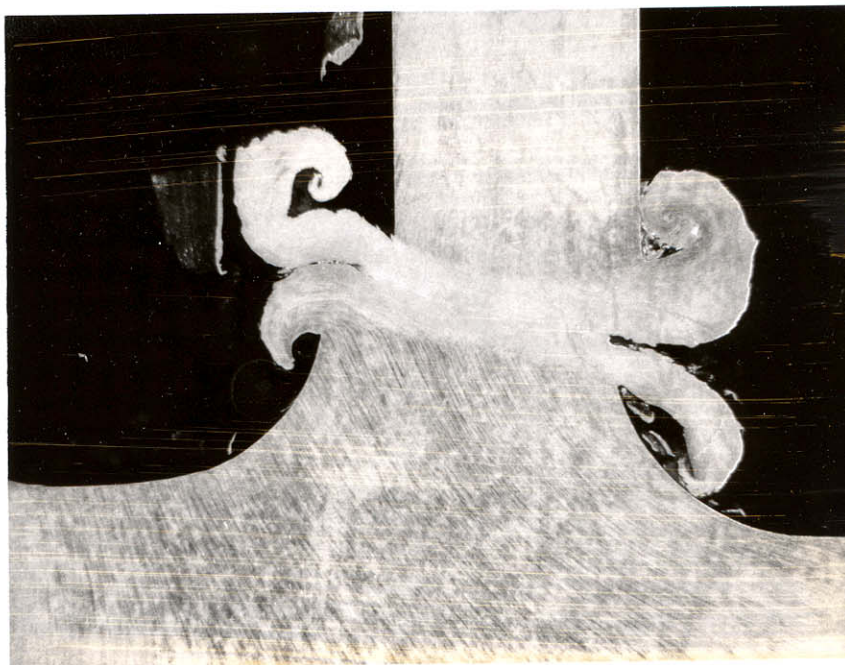
Diffuser
Side



Base
Side

CORSICA INFLATOR
Diffuser Chamber Weld - Cross Section
100X Magnification

Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Combustion Chamber Weld Cross-Section
12.8X Magnification

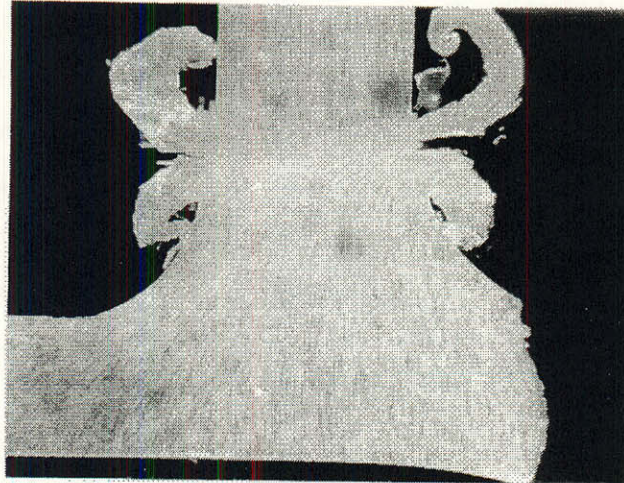
Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Combustion Chamber Weld - Cross Section
100X Magnification

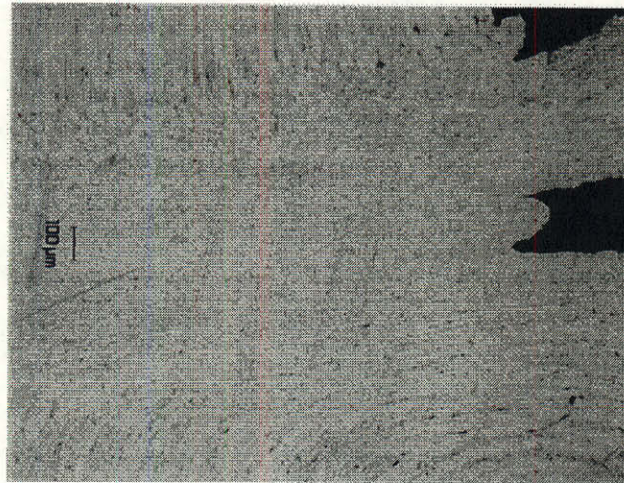
CORSICA INFLATOR
Combustion Chamber Weld Cross-Section
12.8 Magnification



Diffuser
Side

Base
Side

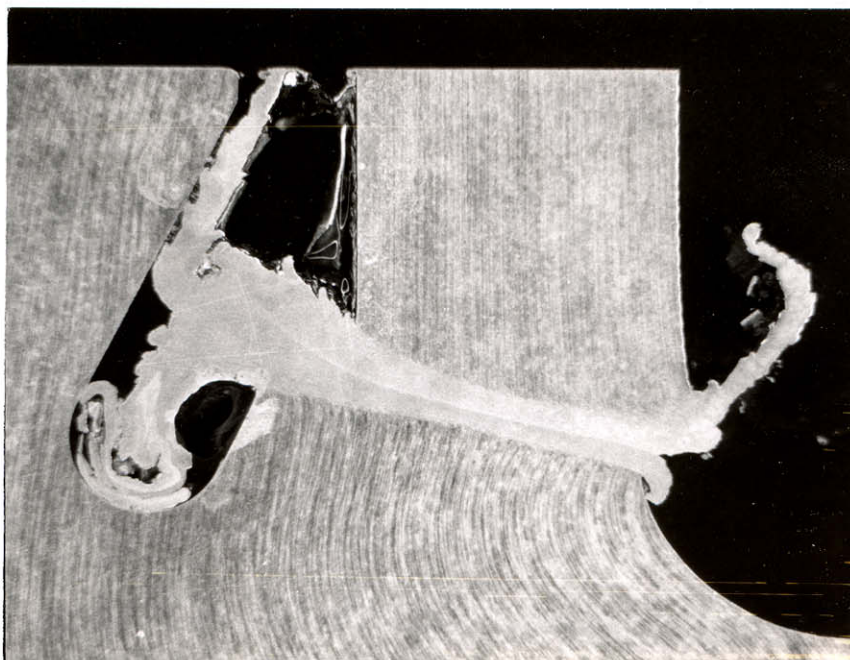
CORSICA INFLATOR
Combustion Chamber Weld Cross-Section
100 X Magnification



Diffuser
Side

Base
Side

Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Igniter Weld Cross-Section
12.8X Magnification

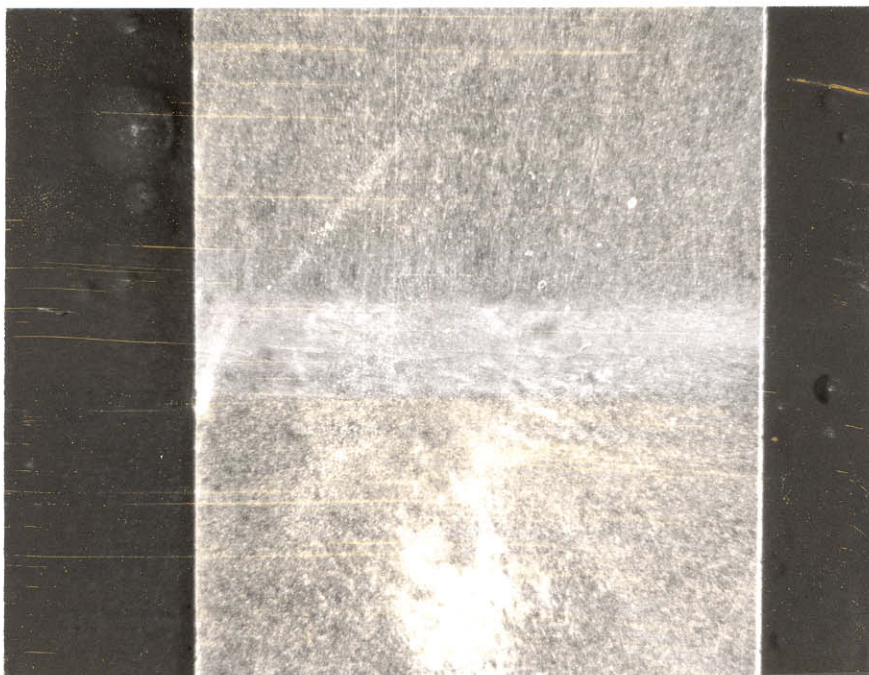
Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Igniter Weld - Cross Section
100X Magnification

Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld Radial Section
12.8X Magnification

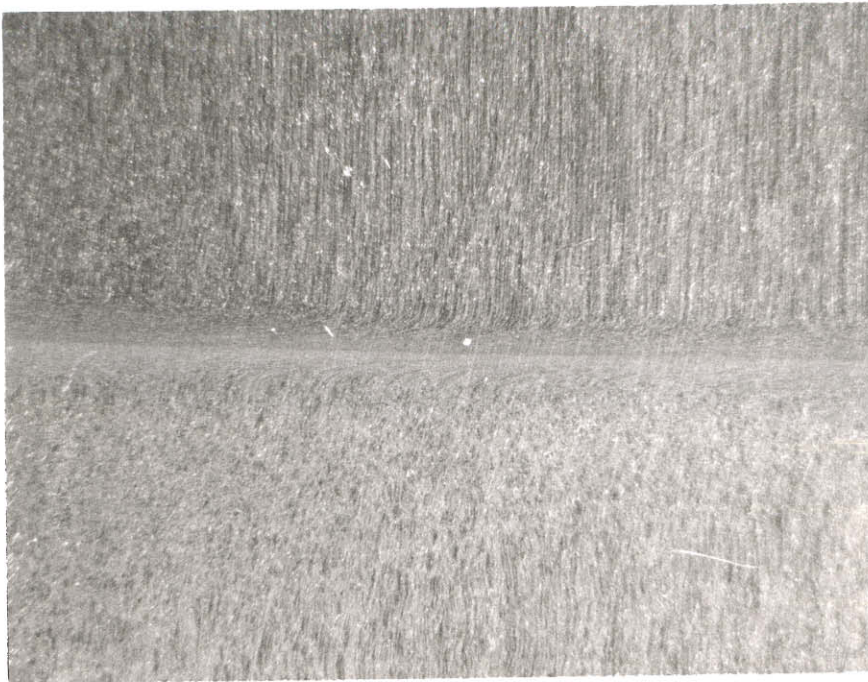
Diffuser
Side



Base
Side

TYPICAL Q.A. INFLATOR
Diffuser Chamber Weld - Radial Section
100X Magnification

Diffuser
Side



Base
Side

CORSICA INFLATOR
Combustion Chamber Weld Radial Section
12.8X Magnification

Diffuser
Side



Base
Side

CORSICA INFLATOR
Combustion Chamber Weld - Radial Section
100X Magnification

APPENDIX B
CRASHPC Output

DIRECTION OF ANGULAR VELOCITY CHANGE OF VEHICLE #1
IS NOT COMPATIBLE WITH MOMENT ARM OF PRINCIPLE FORCE.
ACCORDING TO DAMAGE BASED CALCULATIONS. REVIEW DAMAGE
DATA IF RESULTS ARE QUESTIONABLE.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

SCI Case 94-33

MA.

	SPEED CHANGE (DAMAGE)	IMPACT SPEED (DAMAGE AND SPINOUT)
VEHICLE #1		
TOTAL	22 KPH (14 MPH)	41 KPH (26 MPH)
LONGITUDINAL	-22 KPH (-14 MPH)	41 KPH (26 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES	
ENERGY DISSIPATED =	25156 JOULES (18551 FT-LB)	
VEHICLE #2		
TOTAL	22 KPH (14 MPH)	0 KPH (0 MPH)
LONGITUDINAL	22 KPH (14 MPH)	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)	0 KPH (0 MPH)
PDOF ANGLE	-180 DEGREES	
ENERGY DISSIPATED =	21930 JOULES (23548 FT-LB)	

SCENE INFORMATION

	VEHICLE #1	VEHICLE #2
IMPACT X-POSITION	5.8 M. (19.0 FT.)	10.6 M. (34.8 FT.)
IMPACT Y-POSITION	1.6 M. (5.9 FT.)	1.5 M. (4.9 FT.)
IMPACT HEADING ANGLE	0 DEGREES	0 DEGREES
REST X-POSITION	18.3 M. (60.0 FT.)	16.9 M. (55.0 FT.)
REST Y-POSITION	2.0 M. (6.4 FT.)	-5.7 M. (-22.0 FT.)
REST HEADING ANGLE	6 DEGREES	255 DEGREES
END-ROTATION X-POSITION	5.8 M. (19.0 FT.)	
END-ROTATION Y-POSITION	1.6 M. (5.9 FT.)	
END-ROTATION HEADING ANGLE	0 DEGREES	
SIDE-SLIP ANGLE	0 DEGREES	0 DEGREES
DIRECTION OF ROTATION	CW	CW
AMOUNT OF ROTATION	4350 B-1	4350

COLLISION AND SEPARATION

	VEHICLE #1	VEHICLE #2
COLLISION		
IMPACT X-POSITION	5.8 M. (19.0 FT.)	10.6 M. (34.8 FT.)
IMPACT Y-POSITION	1.8 M. (5.9 FT.)	1.5 M. (4.9 FT.)
IMPACT HEADING ANGLE	0 DEGREES	0 DEGREES
SEPARATION (USING SPINDOUT)		
US	19 KPH (12 MPH)	22 KPH (14 MPH)
VS	0 KPH (0 MPH)	-29 KPH (-18 MPH)
PSISD	0 DEG/SEC	-87 DEG/SEC

DAMAGE DATA

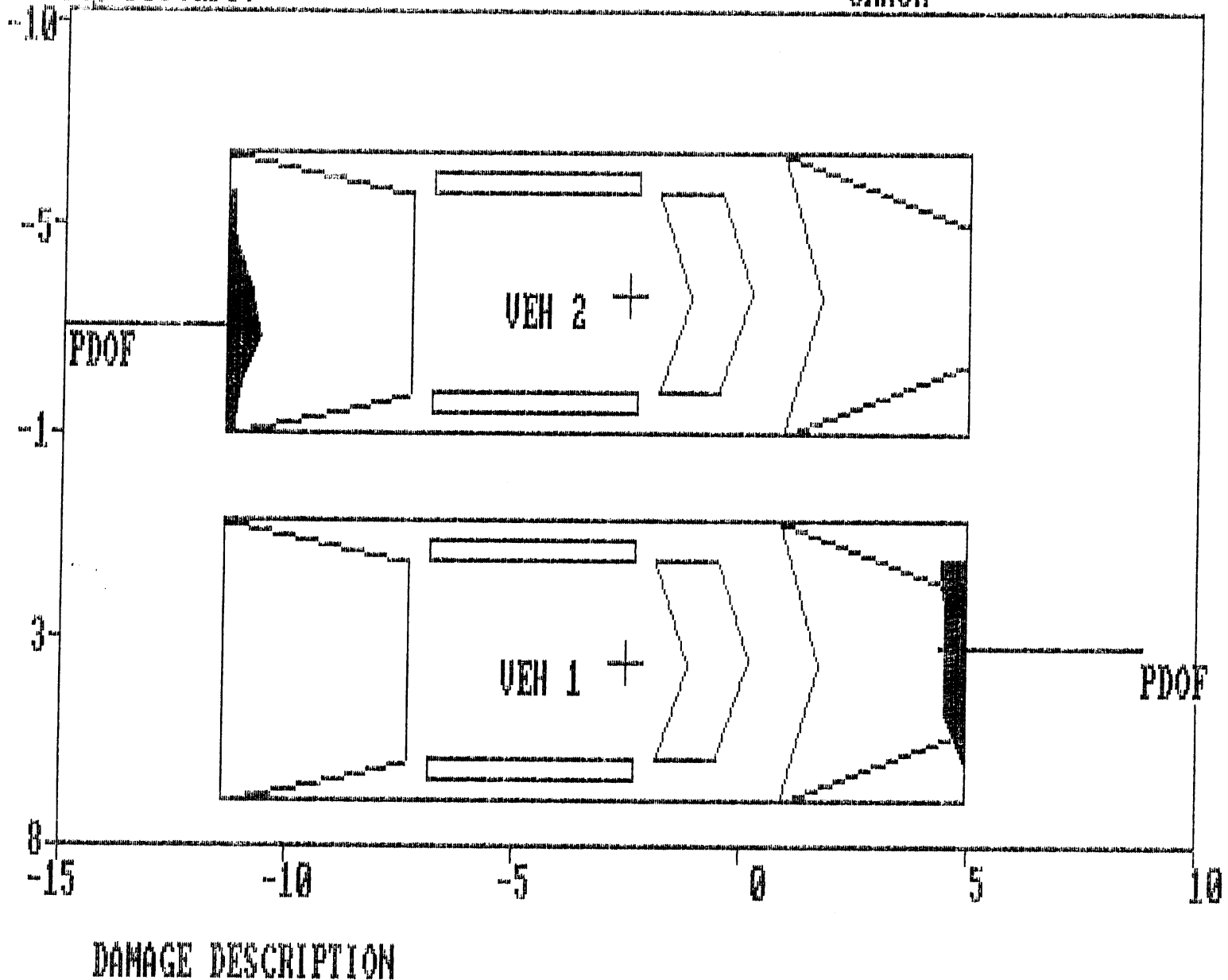
	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	3	3
STIFFNESS CATEGORY	9	3
VEHICLE WEIGHT	1482 KGS (3267 LBS)	1477 KGS (3256 LBS)
CDC	12FDEW1	06BDEW2
PDOF ANGLE	0 DEGREES *	180 DEGREES *
CRUSH LENGTH	133 CM. (53 IN.)	160 CM. (63 IN.)
C1	18 CM. (7 IN.)	4 CM. (2 IN.)
C2	15 CM. (6 IN.)	5 CM. (2 IN.)
C3	14 CM. (5 IN.)	17 CM. (7 IN.)
C4	14 CM. (5 IN.)	23 CM. (9 IN.)
C5	12 CM. (5 IN.)	11 CM. (4 IN.)
C6	1 CM. (1 IN.)	5 CM. (2 IN.)
D	0 CM. (0 IN.)	14 CM. (6 IN.)
D'	-9 CM. (-4 IN.)	20 CM. (8 IN.)

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

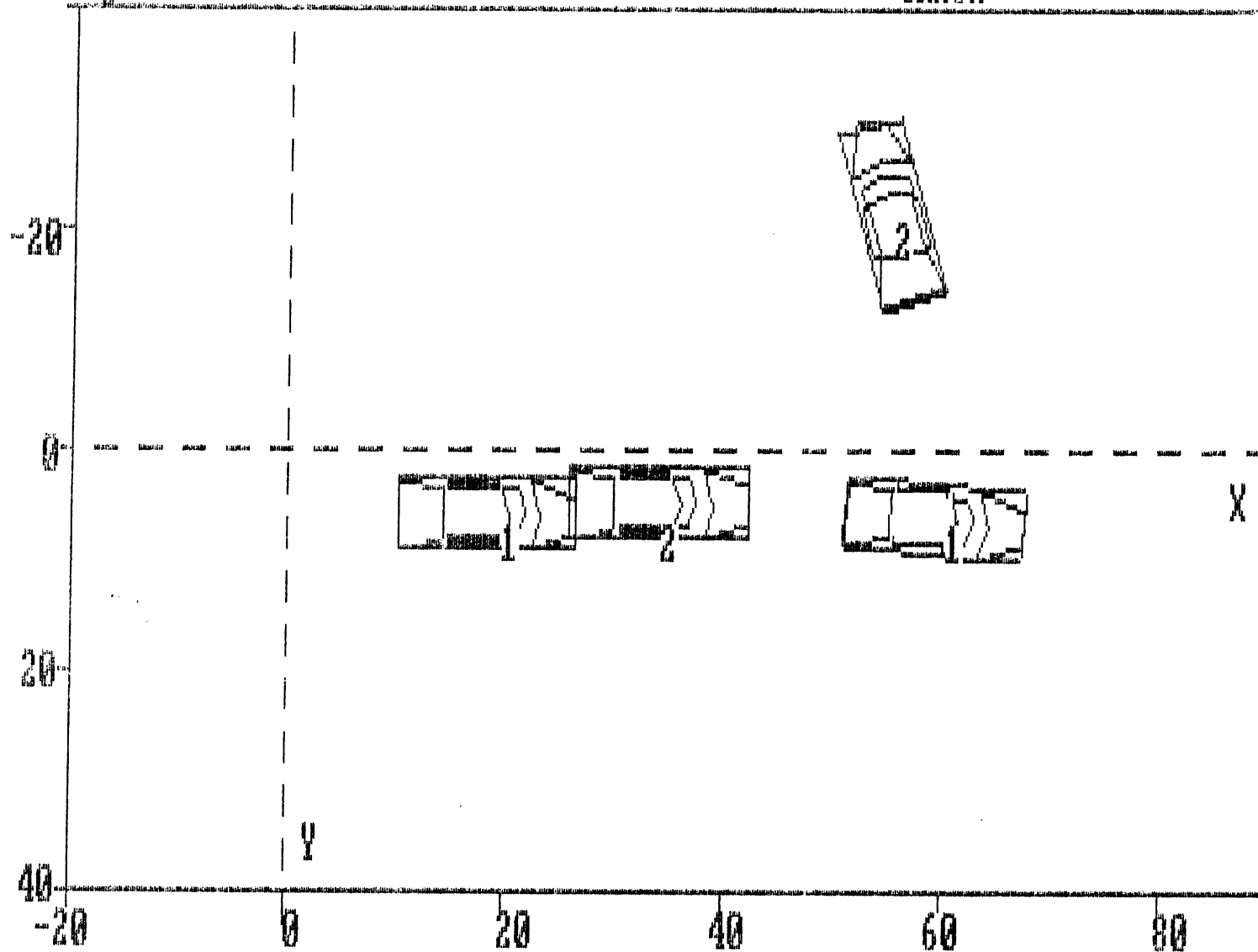
	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	130 CM. (51 IN.)	130 CM. (51 IN.)
CG TO REAR AXLE	141 CM. (56 IN.)	141 CM. (56 IN.)
TRACK	150 CM. (59 IN.)	150 CM. (59 IN.)
CG TO FRONT OF VEH	228 CM. (90 IN.)	228 CM. (90 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)	-270 CM. (-106 IN.)
CG TO SIDE OF VEH	92 CM. (36 IN.)	92 CM. (36 IN.)
MOMENT OF INERTIA	12809 KGS (28238 LBS)	12765 KGS (28142 LBS)
VEHICLE MASS	4 KGS (8 LBS)	4 KGS (8 LBS)
ROLLING RESISTANCE		
LEFT FRONT WHEEL	.27	.27
RIGHT FRONT WHEEL	.27	.27
LEFT REAR WHEEL	.01	1.00
RIGHT REAR WHEEL	.01	1.00

COEFFICIENT OF FRICTION = .75



Printing Picture:

CRASH



SCENE DESCRIPTION

R-5

BEST AVAILABLE

APPENDIX C

Local Newspaper Article



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

Region I
Connecticut, Maine,
Massachusetts, New
Hampshire, Rhode Island,

BEST AVAILABLE

Transportation Systems Center
Kendall Square
Cambridge,
Massachusetts 02142

Tel. # [REDACTED]

Fax # [REDACTED]

NHTSA - REGION I FAX COVER SHEET

TO: [REDACTED] LOCATION:

FROM: [REDACTED] TITLE:

SUBJECT: *AIR BAG Crash*

DATE: *3/1/94* TIME:

TOTAL # OF PAGES (INCLUDING THIS SHEET): *2* /

MESSAGE: *This article appeared in
the [REDACTED] 3/1/94*

5 slightly hurt in 2-car crash

[REDACTED] — A traffic accident yesterday on Route [REDACTED] sent five people to [REDACTED] Hospital with minor injuries.

Police said [REDACTED] 40, of [REDACTED], had stopped near town hall to turn into a driveway when another car hit hers from behind.

Police said the airbag in the other car inflated and caught fire, burning the driver's legs. The fire was out before emergency crews

arrived.

[REDACTED] and the other driver, [REDACTED] 20, of [REDACTED] were treated at the hospital and released, as were a passenger in [REDACTED] car [REDACTED] 16, of [REDACTED] and two passengers whose names were not available.

The accident occurred at about 2:45 p.m.

No citations were issued.



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 2. Case Number - Stratum 94-233. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 93Code the last two digits of the model year
(99) Unknown5. Vehicle Make (specify): 20ChevroletApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown6. Vehicle Model (specify): 019Corsica LTApplicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown7. Body Type 04Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

161LT5341PY (Serial# omitted)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown10. Police Reported Travel Speed 999Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown mph X 1.6093 = kph11. Police Reported Alcohol Presence 0(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) UnknownNote: See variables 37 through 55
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) UnknownSource:

ACCIDENT RELATED

13. Speed Limit 048(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown30 mph X 1.6093 = 048 kph14. Attempted Avoidance Maneuver 09(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type 20Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 04
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 04

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,200
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
2,665 lbs X .4536 = 1,209 kgs
 Source: MVMA spec
20. Vehicle Cargo Weight 000
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify): _____
 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 046
28. Heading Angle For Other Vehicle 046

<p>29. Basis for Total Delta V (highest) <u>2</u></p> <p><i>Delta V Calculated</i></p> <p>(1) CRASH program—damage only routine</p> <p>(2) CRASH program—damage and trajectory routine</p> <p>(3) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.</p> <p>(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.</p> <p>(6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.</p>	<p style="text-align: right;">Highest</p> <p>32. Lateral Component of Delta V + <u>000</u></p> <p>_____ Nearest kph (highest)</p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: <u>000</u> means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (<u>999</u>) Unknown</p> <p>33. Energy Absorption <u>025,200</u></p> <p>_____ Nearest 100 joules (highest)</p> <p>_____ Nearest 100 joules (secondary)</p> <p>(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more (9999) Unknown</p>
COMPUTER GENERATED DELTA V	
<p>30. Total Delta V Highest <u>022</u></p> <p>_____ Nearest kph (highest) <u>(14.0 mph)</u></p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown</p> <p>31. Longitudinal Component of Delta V + <u>014</u></p> <p>_____ Nearest kph (highest) <u>(14.0 mph)</u></p> <p>_____ Nearest kph (secondary)</p> <p>(NOTE: <u>000</u> means greater than -0.5 kph and less than +0.5 kph) (±160) ±159.5 kph and above (<u>999</u>) Unknown</p>	<p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <u>1</u></p> <p>(0) No reconstruction</p> <p>(1) Collision fits model — results appear reasonable</p> <p>(2) Collision fits model — results appear high</p> <p>(3) Collision fits model — results appear low</p> <p>(4) Borderline reconstruction — results appear reasonable</p> <p>35. Type of Vehicle Inspection <u>1</u></p> <p>(0) No inspection</p> <p>(1) Complete inspection</p> <p>(2) Partial inspection (specify): _____</p> <p>36. Is this an AOPS Vehicle? <u>1</u></p> <p>(0) No</p> <p>(1) Yes - researcher determined</p> <p>(2) VIN determined air bag system</p> <p>(3) VIN determined automatic (passive) belts</p> <p>(4) VIN determined air bag and automatic (passive) belts</p>

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

37. Police Reported Other Drug Presence 7

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 0

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

**DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER**

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>0</u>
Depressant Drug	42. <u>0</u>	43. <u>0</u>
Stimulant Drug	44. <u>0</u>	45. <u>0</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>0</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>0</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>0</u>
Inhalant Drug	52. <u>0</u>	53. <u>0</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>0</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event

50*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver

1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	

VEHICLE IDENTIFICATION

VIN 1G1LT5341PY (Serial # omitted) Model Year 93
Vehicle Make (specify): Chevrolet Vehicle Model (specify): Corsica LT

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Entire Frontal Plane	Entire Frontal Plane

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE

a. Rotation physically restricted b. Tire deflated

RF <u>1</u>	RF <u>2</u>
LF <u>2</u>	LF <u>2</u>
RR <u>2</u>	RR <u>2</u>
LR <u>2</u>	LR <u>2</u>

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase (103.4") 262.6 cm
 Overall Length (183.4") 465.8 cm
 Maximum Width (68.2") 173.2 cm
 Curb Weight (2665 lb) 1209 kg
 Average Track (55.4") 140.7 cm
 Front Overhang (38.0") 96.5 cm
 Rear Overhang (42.0") 106.7 cm
 Undeformed End Width (52.5") 133.4 cm
 Engine Size: cyl./displ. 2.2 L L

WHEEL STEER ANGLES
 (For locked front wheels or
 displaced rear axles only)

RF \pm 0 2 °
 LF \pm 0 2 °
 RR \pm °
 LR \pm °

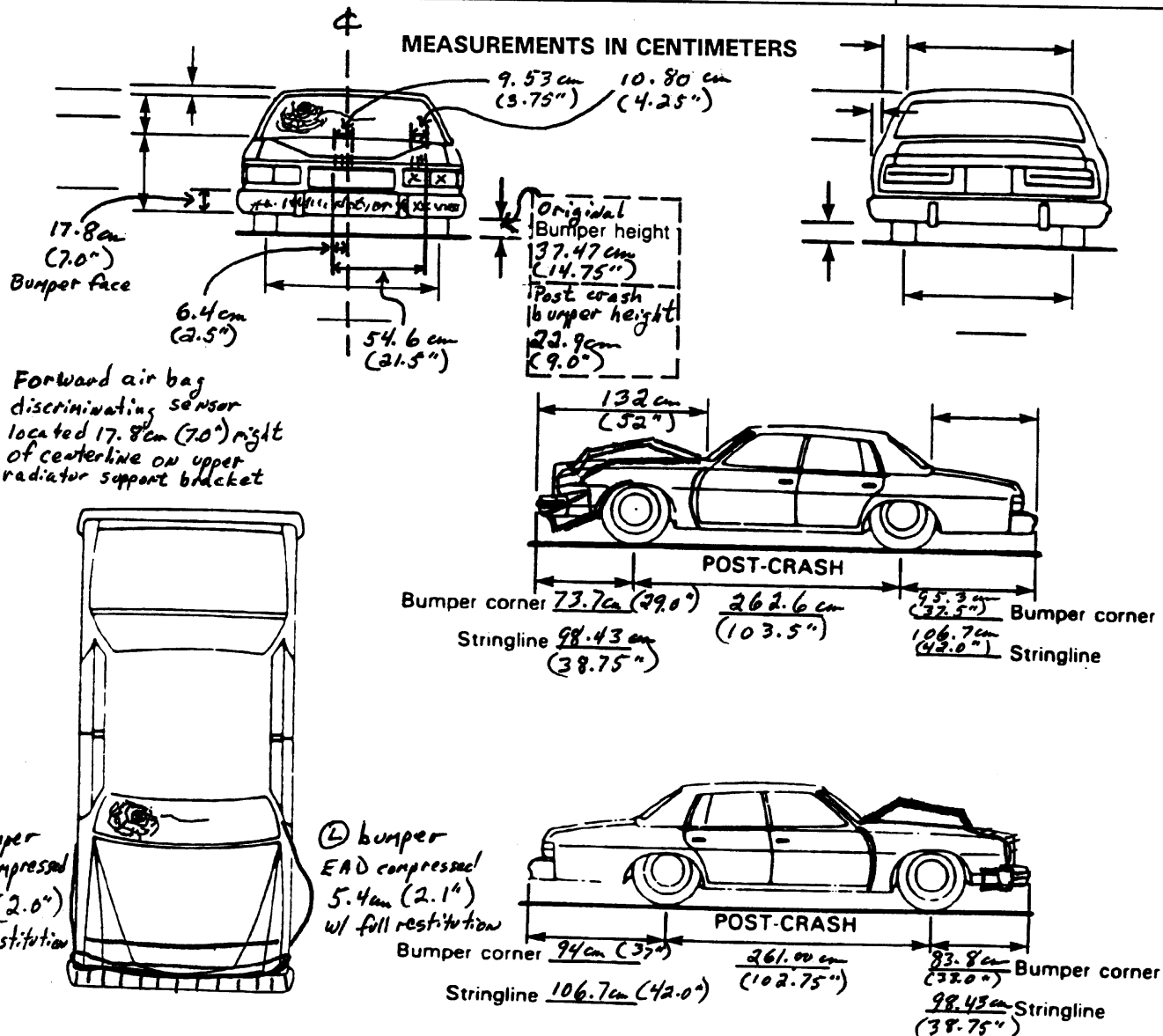
Within \pm 5 degrees

DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WD

Approximate
 Cargo Weight None kg

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>01</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>133</u>	<u>018</u>	<u>015</u>	<u>014</u>	<u>014</u>	<u>012</u>	<u>001</u>	<u>+ 000</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	<u>+ _____</u>
_____	_____	_____	_____	_____	_____	_____	<u>- _____</u>

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase 263
Code to the nearest centimeter
(999) Unknown

_____ inches X 2.54 = _____ centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>34. Fuel Tank-1 Location <u>4</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p>
<p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred (1) Minor (2) Major (9) Unknown</p>	
<p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>3</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p>
<p>32. Type of Fuel Tank-1 <u>2</u></p>	
<p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	
	<p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p>

<p>40. Location of Fuel System-1 Leakage <u>1</u></p> <p>41. Location of Fuel System-2 Leakage <u>0</u></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p style="margin-left: 20px;"><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p style="margin-left: 20px;">(9) Unknown</p> <p>42. Fuel Type-1 <u>0 1</u></p> <p>43. Fuel Type-2 <u>0 0</u></p> <p style="margin-left: 20px;"><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p style="margin-left: 20px;"><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p style="margin-left: 20px;"><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p style="margin-left: 20px;">(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p style="margin-left: 20px;">(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p>
<p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum 94-

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted

(4) AS-14 — Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>no intrusion</u>	48. <u>no intrusion</u>	49. <u>no intrusion</u>	50. <u>no intrusion</u>
2nd	51. <u>no intrusion</u>	52. <u>no intrusion</u>	53. <u>no intrusion</u>	54. <u>no intrusion</u>
3rd	55. <u>no intrusion</u>	56. <u>no intrusion</u>	57. <u>no intrusion</u>	58. <u>no intrusion</u>
4th	59. <u>no intrusion</u>	60. <u>no intrusion</u>	61. <u>no intrusion</u>	62. <u>no intrusion</u>
5th	63. <u>no intrusion</u>	64. <u>no intrusion</u>	65. <u>no intrusion</u>	66. <u>no intrusion</u>
6th	67. <u>no intrusion</u>	68. <u>no intrusion</u>	69. <u>no intrusion</u>	70. <u>no intrusion</u>
7th	71. <u>no intrusion</u>	72. <u>no intrusion</u>	73. <u>no intrusion</u>	74. <u>no intrusion</u>
8th	75. <u>no intrusion</u>	76. <u>no intrusion</u>	77. <u>no intrusion</u>	78. <u>no intrusion</u>
9th	79. <u>no intrusion</u>	80. <u>no intrusion</u>	81. <u>no intrusion</u>	82. <u>no intrusion</u>
10th	83. <u>no intrusion</u>	84. <u>no intrusion</u>	85. <u>no intrusion</u>	86. <u>no intrusion</u>

LOCATION OF INTRUSION

Front Seat

- (11) Left
- (12) Middle
- (13) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

Third Seat

- (31) Left
- (32) Middle
- (33) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

(97) Catastrophic

- (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

(27) Side panel - forward of the A (A2)-pillar

(28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown _____

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation 00

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation 00

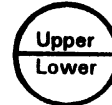
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL94. Odometer Reading 0 3 1,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

19,486 miles X 1.6093 = 31,358 kilometers

Source: _____

95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

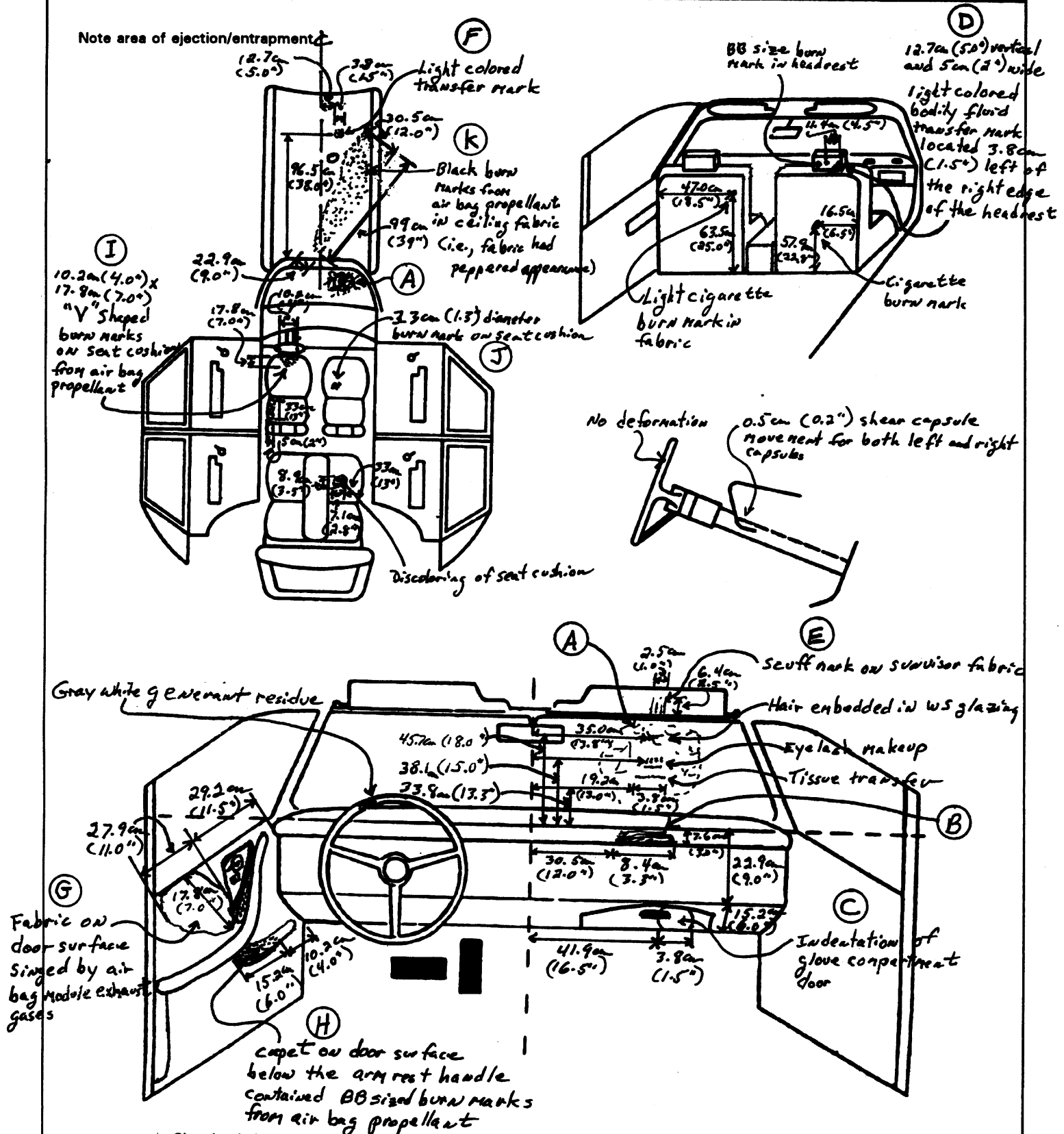
96. Knee Bolsters Deformed from Occupant Contact? 0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	01	2	Head/Face	Hair embedded, Eyelash mascara, tissue transfer	1
B	11	2	Lower torso	Indentation	1
C	12	2	(R) Knee	Indentation	1
D	44	4	Face	Bodily fluid transfer	1
E	03	2	Head	Scuff mark on sunvisor fabric	1
F	54	4	(L) Hand	Light tan mark	3
G	20	—	—	Singed fabric from air bag exhaust gas	1
H	21	—	—	BB size burn marks from air bag propellant pellets	1
I	40	—	—	Burn marks from air bag propellant pellets	1
J	40	—	—	" " " " " "	1
K	54	—	—	BB size burn marks from air bag propellant	1
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
FIRST	Availability/Function	1	
	Deployment	1	
	Failure	2	

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
(1) Air bag deployed during accident (as a result of impact)
(2) Air bag deployed inadvertently just prior to accident
(3) Air bag deployed, accident sequence undetermined
(4) Nondeployed
(5) Unknown if deployed
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown
Air bag module separated from steering column

AUTOMATIC BELTS

		Left	Right
FIRST	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	/	4
	Evidence of usage	4		4
	Used in this crash?	4		0
	Proper Use	1		0
	Failure Modes	1		0
SECOND	Availability	4	3	4
	Evidence of usage	4	0	4
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability	/	/	/
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	01	/	01
	Seat Performance	1	/	1
	Seat Orientation	1	/	1
SECOND	Head Restraint Type/Damage	1	0	1
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
OTHER	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown _____

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown _____

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown _____

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown _____

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes [☐]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes [☐]

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

GENERAL VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM																
1. Primary Sampling Unit Number <u> </u>																
2. Case Number - Stratum <u>94-23</u>																
3. Vehicle Number <u>02</u>																
VEHICLE IDENTIFICATION																
4. Vehicle Model Year <u>86</u> Code the last two digits of the model year (99) Unknown																
5. Vehicle Make (specify): <u>20</u> <u>Chevrolet</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown																
6. Vehicle Model (specify): <u>017</u> <u>Celebrity</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown																
7. Body Type <u>06</u> Note: Applicable codes may be found on the back of this page.																
8. Vehicle Identification Number <u>1G1AW35X0GG (Serial# omitted)</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nines																
OFFICIAL RECORDS																
9. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown																
10. Police Reported Travel Speed <u>000</u> Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown ____ mph X 1.6093 = ____ kph																
11. Police Reported Alcohol Presence <u>0</u> (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown Note: See variables 37 through 55 (Page 4) for information on Other Drugs																
12. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source: _____																
ACCIDENT RELATED																
13. Speed Limit <u>048</u> (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown ____ mph X 1.6093 = ____ kph																
14. Attempted Avoidance Maneuver <u>01</u> (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown																
15. Accident Type <u>22</u> Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown																

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 0 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 0 1

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1, 4 1 0
 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3, 1 1 6 lbs X .4536 = 1, 4 1 3 kgs
 Source: MVMA Specs
20. Vehicle Cargo Weight 0, 0 0 0
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 lbs X .4536 = kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):
 (9) Unknown

24. Rollover 0
 (0) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):
 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
 (0) No override/underride, or not an end-to-end impact
Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):
Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):
 (7) Medium/heavy truck or bus override
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 0 4 6
28. Heading Angle For Other Vehicle 0 4 6

29. Basis for Total Delta V (highest)

2*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

Highest

32. Lateral Component of Delta V ⁺ 000

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

33. Energy Absorption 031900

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

COMPUTER GENERATED DELTA V

30. Total Delta V

Highest

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V

_____ Nearest kph (highest)

_____ Nearest kph (secondary)

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [] NO**IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO**

37. Police Reported Other Drug Presence 7

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 0

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 9

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION

OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>0</u>	41. <u>9</u>
Depressant Drug	42. <u>0</u>	43. <u>9</u>
Stimulant Drug	44. <u>0</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>0</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>0</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>0</u>	51. <u>9</u>
Inhalant Drug	52. <u>0</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>0</u>	55. <u>9</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):

(9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify):

(9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):

(8) Non-contact rollover forces (specify):

(9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event

52*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver

0

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

0

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number <u> </u>		3. Vehicle Number <u>02</u>	
2. Case Number - Stratum <u>94-23</u>			

VEHICLE IDENTIFICATION

VIN 1G1AW35X0G6 (Serial # omitted) Model Year 86
Vehicle Make (specify): Chevrolet Vehicle Model (specify): Celebrity

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	Begins 54.6 cm (21.5") @ of ♀	Entire rear plane

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS

(1) Yes (2) No (8) NA (9) Unk.

ORIGINAL SPECIFICATIONS

Wheelbase	<u>(104.9")</u>	<u>266.4</u>	cm
Overall Length	<u>(188.3")</u>	<u>478.3</u>	cm
Maximum Width	<u>(69.3")</u>	<u>176.0</u>	cm
Curb Weight	<u>(3116 lb)</u>	<u>1413</u>	kg
Average Track	<u>(57.9")</u>	<u>147.1</u>	cm
Front Overhang	<u>(40.5")</u>	<u>102.9</u>	cm
Rear Overhang	<u>(42.9")</u>	<u>109.0</u>	cm
Undeformed End Width	<u>(63.0")</u>	<u>160.0</u>	cm
Engine Size: cyl./displ.		<u>2.8</u>	L

Within ± 5 degrees

DRIVE WHEELS

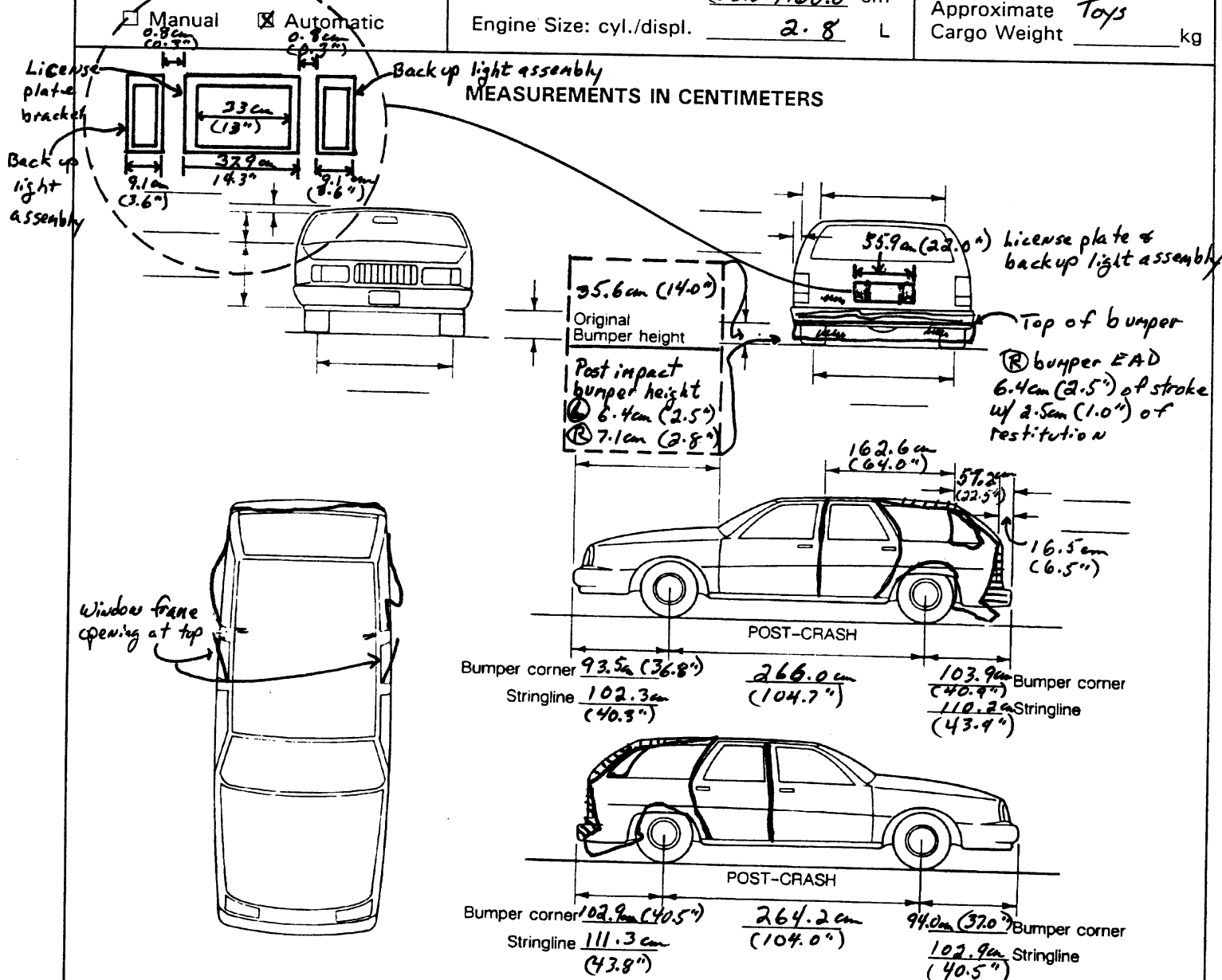
☒ FWD ☐ RWD ☐ 4WD

Approximate Cargo Weight	<i>Toys</i>	kg
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~~TYPE OF TRANSMISSION~~

☐ Manual ☒ Automatic

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>46</u>	7. <u>B</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>160</u>	<u>005</u>	<u>005</u>	<u>017</u>	<u>017</u>	<u>011</u>	<u>005</u>	<u>⊕ 014</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File? 0
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 266
Code to the nearest centimeter
(999) Unknown

_____ inches X 2.54 = _____ centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications</p> <p>(1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p>	<p>34. Fuel Tank-1 Location <u>4</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank</p> <p>(1) Aft of center of the rear wheels (rear axle) centered</p> <p>(2) Aft of center of the rear wheels (rear axle) left side</p> <p>(3) Aft of center of the rear wheels (rear axle) right side</p> <p>(4) Forward of center of the rear wheels (rear axle) centered</p> <p>(5) Forward of center of the rear wheels (rear axle) left side</p> <p>(6) Forward of center of the rear wheels (rear axle) right side</p> <p>(7) Over center of the rear wheels (rear axle)</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor</p> <p>(2) Major</p> <p>(9) Unknown</p> <p>31. Origin of Fire <u>0</u></p> <p>(0) No fire</p> <p>(1) Vehicle exterior (front, side, back, top)</p> <p>(2) Exhaust system</p> <p>(3) Fuel tank (and other fuel retention system parts)</p> <p>(4) Engine compartment</p> <p>(5) Cargo/trunk compartment</p> <p>(6) Instrument panel</p> <p>(7) Passenger compartment area</p> <p>(8) Other location (specify): _____</p> <p>(9) Unknown</p>	<p>36. Fuel Tank-1 Filler Cap Location <u>2</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank</p> <p>(1) On back plane</p> <p>(2) Aft of center of the rear wheels (rear axle) on left side plane</p> <p>(3) Aft of center of the rear wheels (rear axle) on right side plane</p> <p>(4) Forward of center of the rear wheels (rear axle) on left side plane</p> <p>(5) Forward of center of the rear wheels (rear axle) on right side plane</p> <p>(6) Over the center of the rear wheels (rear axle) on left side plane</p> <p>(7) Over the center of the rear wheels (rear axle) on right side plane</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>32. Type of Fuel Tank-1 <u>1</u></p> <p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle)</p> <p>(1) Metallic</p> <p>(2) Non-metallic</p> <p>(9) Unknown</p>	<p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank</p> <p>(1) No damage to fuel tank</p> <p>(2) Deformed, no seam failure</p> <p>(3) Deformed, with a seam failure</p> <p>(4) Punctured</p> <p>(5) Lacerated (ripped)</p> <p>(6) Abraded (scraped)</p> <p>(7) Filler neck separation from the fuel tank</p> <p>(8) Other damage (specify): _____</p> <p>(9) Unknown</p>

[illegible]

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum 94-23

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 3 8. RR 3 9. TG/H 3

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 8 22. Other 0

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted
- (4) AS-14 - Glass/Plastic
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>2 1</u>	48. <u>1 9</u>	49. <u>2</u>	50. <u>2</u>
2nd	51. <u>9 8</u>	52. <u>1 7</u>	53. <u>1</u>	54. <u>1</u>
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

Third Seat

- (31) Left
(32) Middle
(33) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

- (97) Catastrophic
(98) Other enclosed area (specify)

- (99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
(28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify):
(32) Other exterior object in the environment (specify):
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify):
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING COLUMN

87. Steering Column Type

2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown _____

88. Blank

X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

89. Blank

X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

90. Blank

X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

91. Blank

X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

92. Steering Rim/Spoke Deformation

00

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation

00

(00) No steering rim deformation

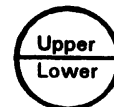
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading

120,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

74.703 miles X 1.6093 = 120.220 kilometers

Source: Vehicle Inspection

95. Instrument Panel Damage from Occupant Contact?

0

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact?

8

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

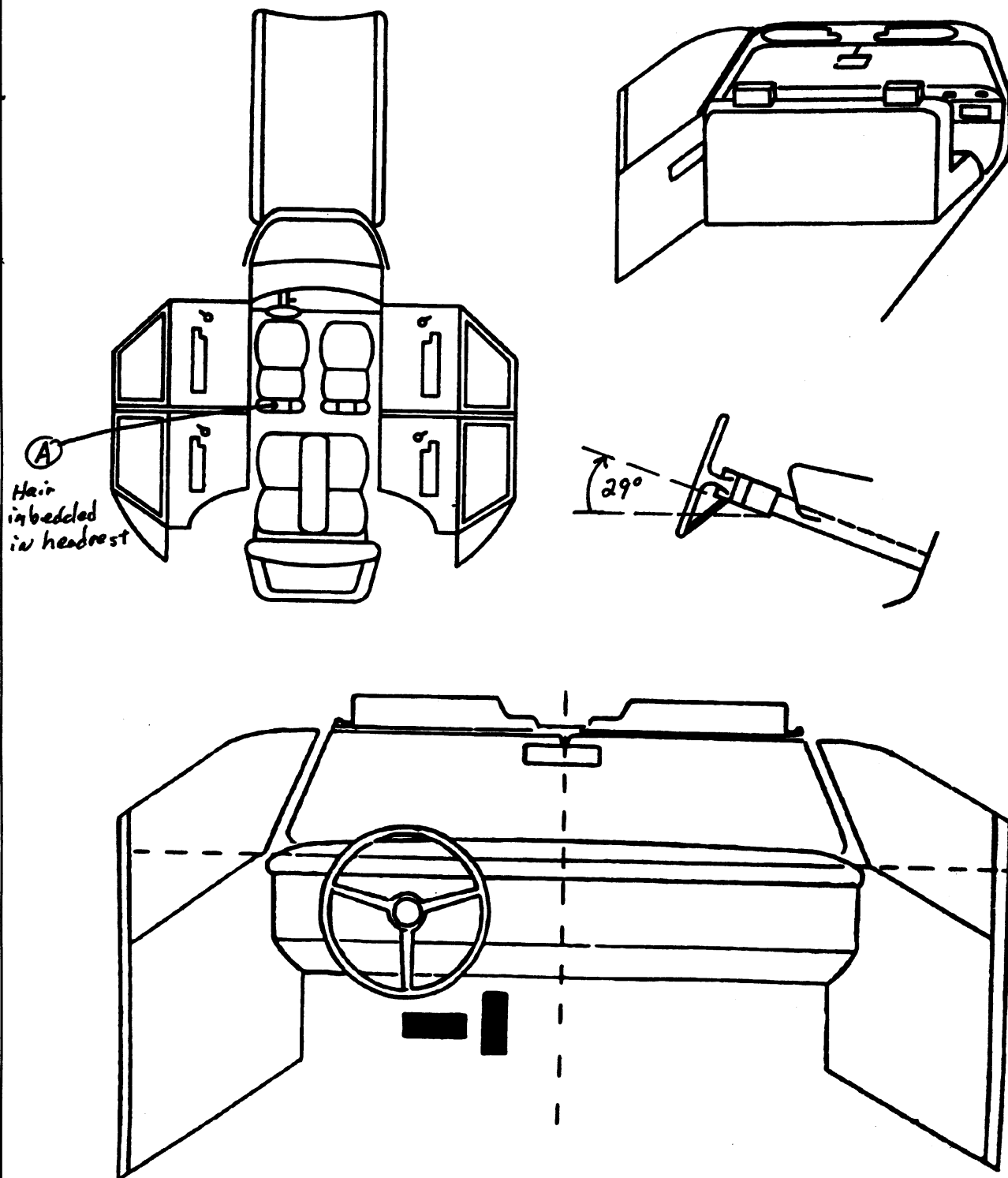
97. Did Glove Compartment Door Open During Collision(s)?

0

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	44	1	Head	Hair imbedded in fabric	1
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar

- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.

- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests

- (31) Right side hardware or armrest

- (32) Right A (A1/A2)-pillar

- (33) Right B-pillar

- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame

- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.

- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support

- (41) Belt restraint webbing/buckle

- (42) Belt restraint B-pillar attachment point

- (43) Other restraint system component (specify): _____

- (44) Head restraint system

- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header

- (51) Rear header

- (52) Roof left side rail

- (53) Roof right side rail

- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)

- (57) Floor or console mounted transmission lever, including console

- (58) Parking brake handle

- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.

- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	04	03	04
	Evidence of usage	04	03	04
	Used in this crash?	04	—	—
	Proper Use	01	—	—
	Failure Modes	00	—	—
SECOND	Availability	03	03	03
	Evidence of usage	03	03	03
	Used in this crash?	—	—	—
	Proper Use	—	—	—
	Failure Modes	—	—	—
OTHER	Availability	9		9
	Evidence of usage	Seat jammed	X	
	Used in this crash?	in closed position		
	Proper Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3 (In down position)	0	3
	Seat Type	03	03	03
	Seat Performance	5	5	5
	Seat Orientation	1	1	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	01	01	01
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum 94-23

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 20

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 180

Code actual height to the nearest
centimeter.

(999) Unknown

 inches X 2.54 = centimeters

8. Occupant's Weight 111

Code actual weight to the nearest
kilogram.

(999) Unknown

 pounds X .4536 = kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
- (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 2

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(9) Air bag module separated from steering wheel
Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 5

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 0 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 03

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [✓] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify):

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 01
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	4. Occupant Number
94-23	01

INJURY DATA

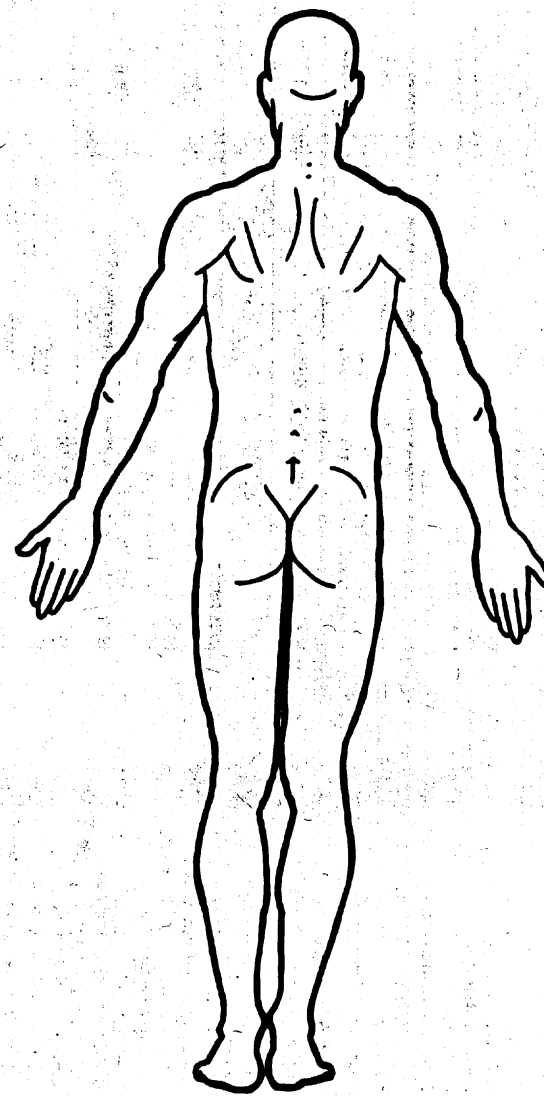
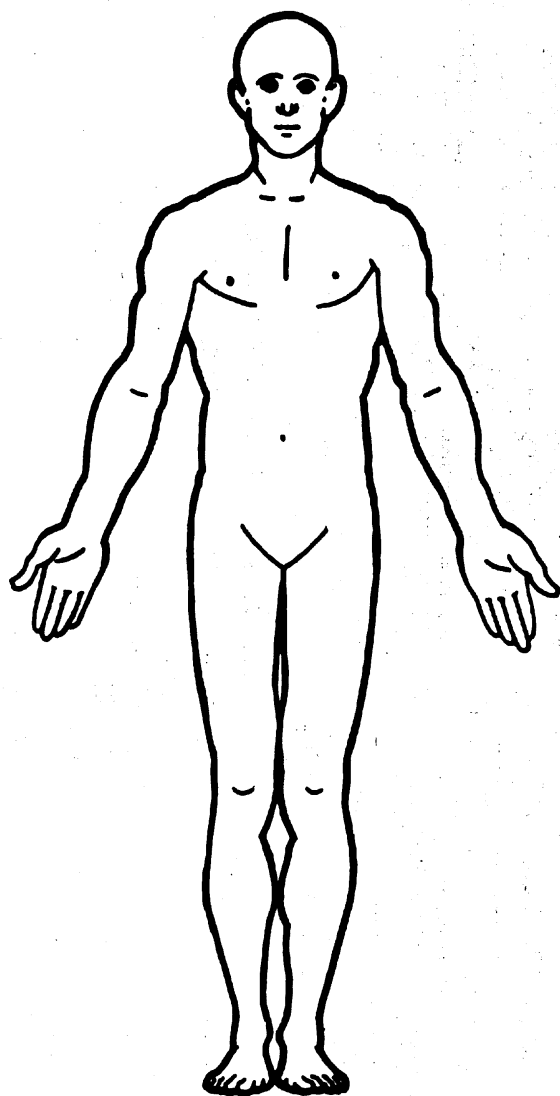
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
1st	5. 3	6. 9	7. 9	8. 20	9. 06	10. 1	11. 0	12. 49*	13. 1	14. 1	15. 00
* Airbag generated											
2nd	16. 3	17. 2	18. 9	19. 06	20. 02	21. 1	22. 8	23. 49*	24. 1	25. 1	26. 00
3rd	27. 3	28. 1	29. 9	30. 04	31. 02	32. 1	33. 2	34. 41	35. 1	36. 1	37. 00
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

		A.I.S. - 90							Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source			
11th	---	---	---	-----	-----	---	---	-----	---	---	-----
12th	---	---	---	-----	-----	---	---	-----	---	---	-----
13th	---	---	---	-----	-----	---	---	-----	---	---	-----
14th	---	---	---	-----	-----	---	---	-----	---	---	-----
15th	---	---	---	-----	-----	---	---	-----	---	---	-----
16th	---	---	---	-----	-----	---	---	-----	---	---	-----
17th	---	---	---	-----	-----	---	---	-----	---	---	-----
18th	---	---	---	-----	-----	---	---	-----	---	---	-----
19th	---	---	---	-----	-----	---	---	-----	---	---	-----
20th	---	---	---	-----	-----	---	---	-----	---	---	-----
21st	---	---	---	-----	-----	---	---	-----	---	---	-----
22nd	---	---	---	-----	-----	---	---	-----	---	---	-----
23rd	---	---	---	-----	-----	---	---	-----	---	---	-----
24th	---	---	---	-----	-----	---	---	-----	---	---	-----
25th	---	---	---	-----	-----	---	---	-----	---	---	-----

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR of OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE or OBJECT in the ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

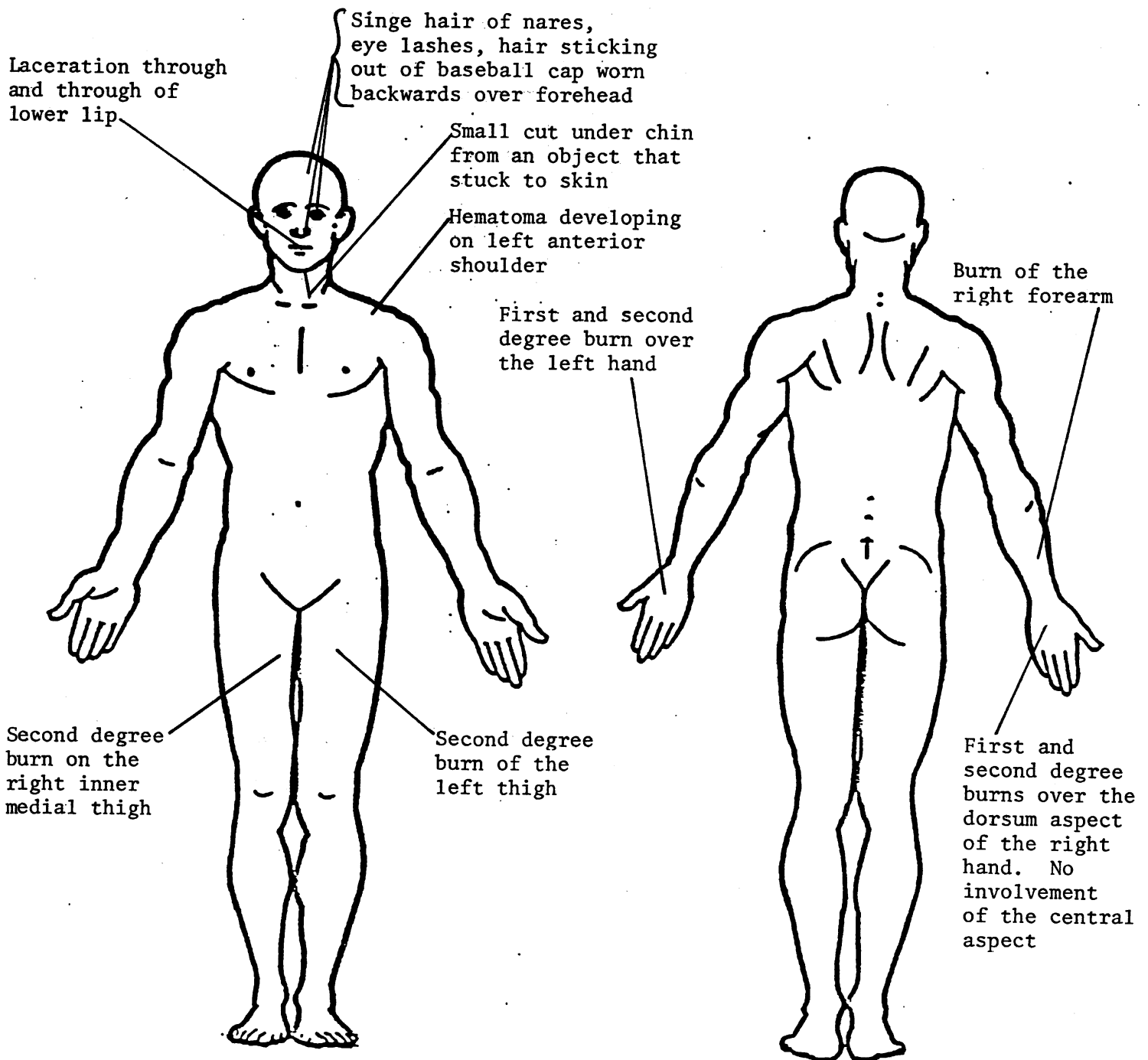
Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

CALSPAN CASE NO. 94-23
DRIVER OF VEHICLE #1





OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

legs crossed w/ R foot in front of left w/ upper body turned slightly toward driver

EJECTION/ENTRAPMENT

12. Ejection

0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area

0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium

0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

0 1

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
(000) No child safety seat
Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing
(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
(0) No child safety seat
(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 01

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 - (1) Automatic belt used properly
 - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
 - (4) Automatic shoulder belt worn behind back
 - (5) Automatic belt worn around more than one person
 - (6) Lap portion of automatic belt worn on abdomen
 - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
 - (8) Other improper use of automatic belt system (specify): _____
 - (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [x] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 97
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given
 (specify units): _____
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 97
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO_3
 (96) ABGs reported, HCO_3 unknown
 (97) Injured, details unknown
 (99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Vehicle inspection
 (2) Official injury data
 (3) Driver/occupant interview
 (8) Other (specify): _____
 (9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	—	3. Vehicle Number	01
2. Case Number - Stratum	94-23	4. Occupant Number	02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. 3	6. 2	7. 9	8. 06	9. 02	10. 1	11. 0	12. 01	13. 1	14. 1	15. 00
2nd	16. —	17. —	18. —	19. —	20. —	21. —	22. —	23. —	24. —	25. —	26. —
3rd	27. —	28. —	29. —	30. —	31. —	32. —	33. —	34. —	35. —	36. —	37. —
4th	38. —	39. —	40. —	41. —	42. —	43. —	44. —	45. —	46. —	47. —	48. —
5th	49. —	50. —	51. —	52. —	53. —	54. —	55. —	56. —	57. —	58. —	59. —
6th	60. —	61. —	62. —	63. —	64. —	65. —	66. —	67. —	68. —	69. —	70. —
7th	71. —	72. —	73. —	74. —	75. —	76. —	77. —	78. —	79. —	80. —	81. —
8th	82. —	83. —	84. —	85. —	86. —	87. —	88. —	89. —	90. —	91. —	92. —
9th	93. —	94. —	95. —	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —
10th	104. —	105. —	106. —	107. —	108. —	109. —	110. —	111. —	112. —	113. —	114. —

U.S. - 90

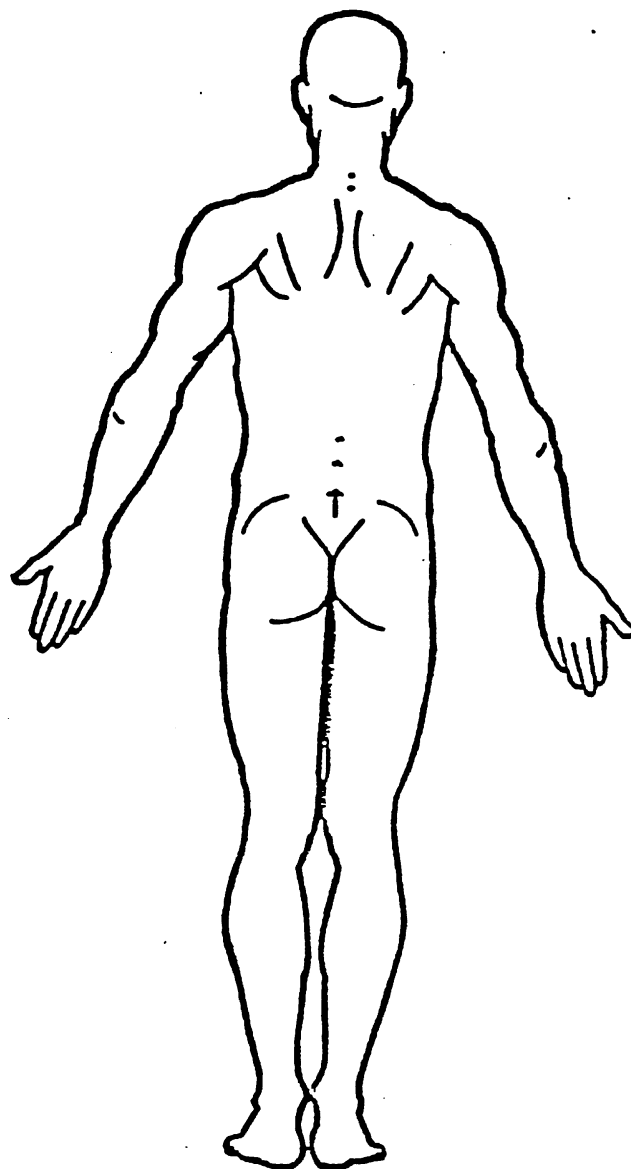
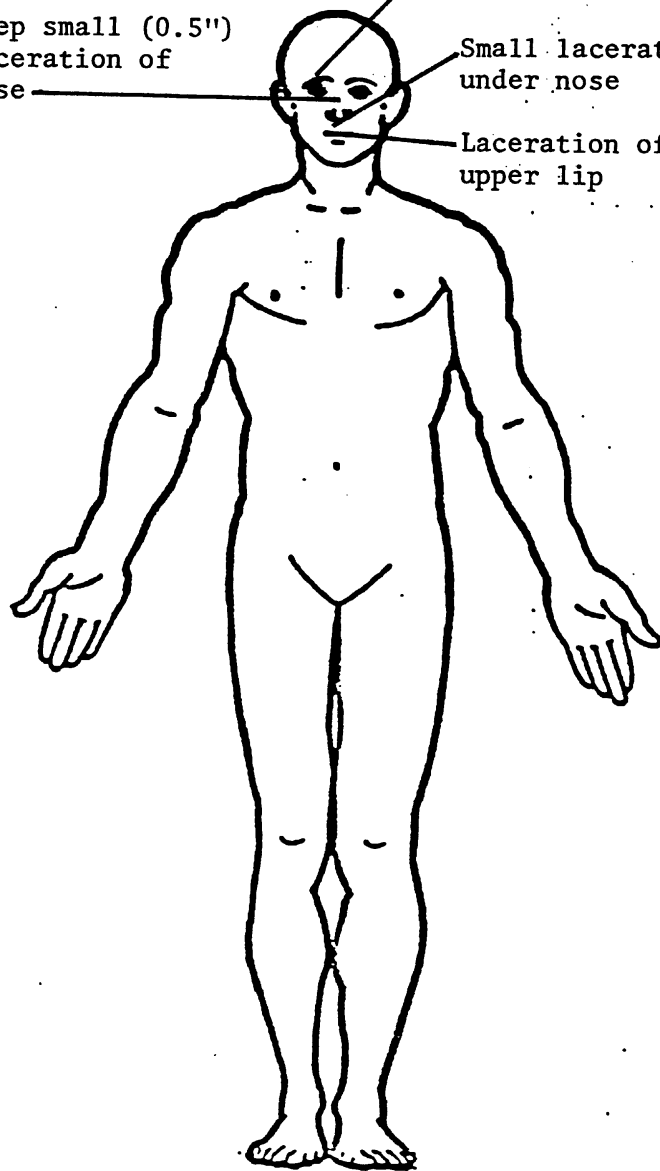
	Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	---	---	---	-----	----	---	---	----	---	---	-----
12th	---	---	---	-----	----	---	---	----	---	---	-----
13th	---	---	---	-----	----	---	---	----	---	---	-----
14th	---	---	---	-----	----	---	---	----	---	---	-----
15th	---	---	---	-----	----	---	---	----	---	---	-----
16th	---	---	---	-----	----	---	---	----	---	---	-----
17th	---	---	---	-----	----	---	---	----	---	---	-----
18th	---	---	---	-----	----	---	---	----	---	---	-----
19th	---	---	---	-----	----	---	---	----	---	---	-----
20th	---	---	---	-----	----	---	---	----	---	---	-----
21st	---	---	---	-----	----	---	---	----	---	---	-----
22nd	---	---	---	-----	----	---	---	----	---	---	-----
23rd	---	---	---	-----	----	---	---	----	---	---	-----
24th	---	---	---	-----	----	---	---	----	---	---	-----
25th	---	---	---	-----	----	---	---	----	---	---	-----

Deep small (0.5")
laceration of
nose

Lacerations of
forehead over
right eye

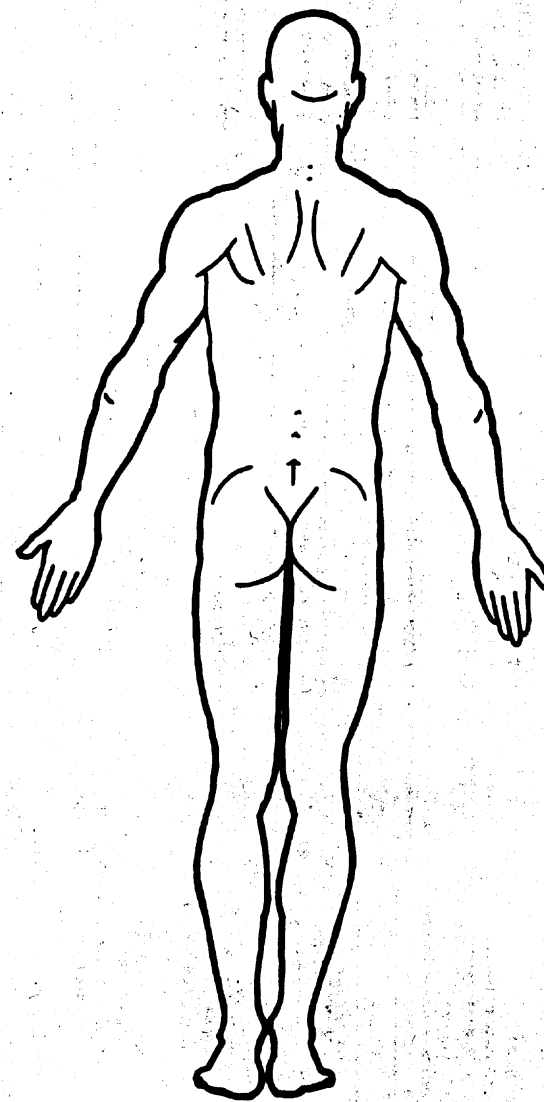
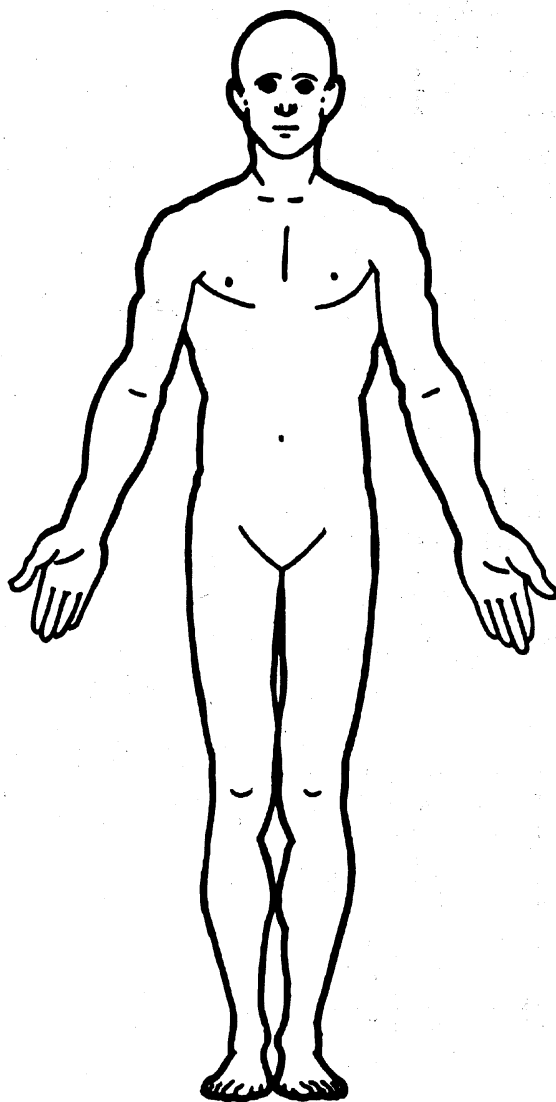
Small laceration
under nose

Laceration of
upper lip



OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,

Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region



OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection _____

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area _____

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium _____

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) _____

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment _____

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 02

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 5

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 05

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

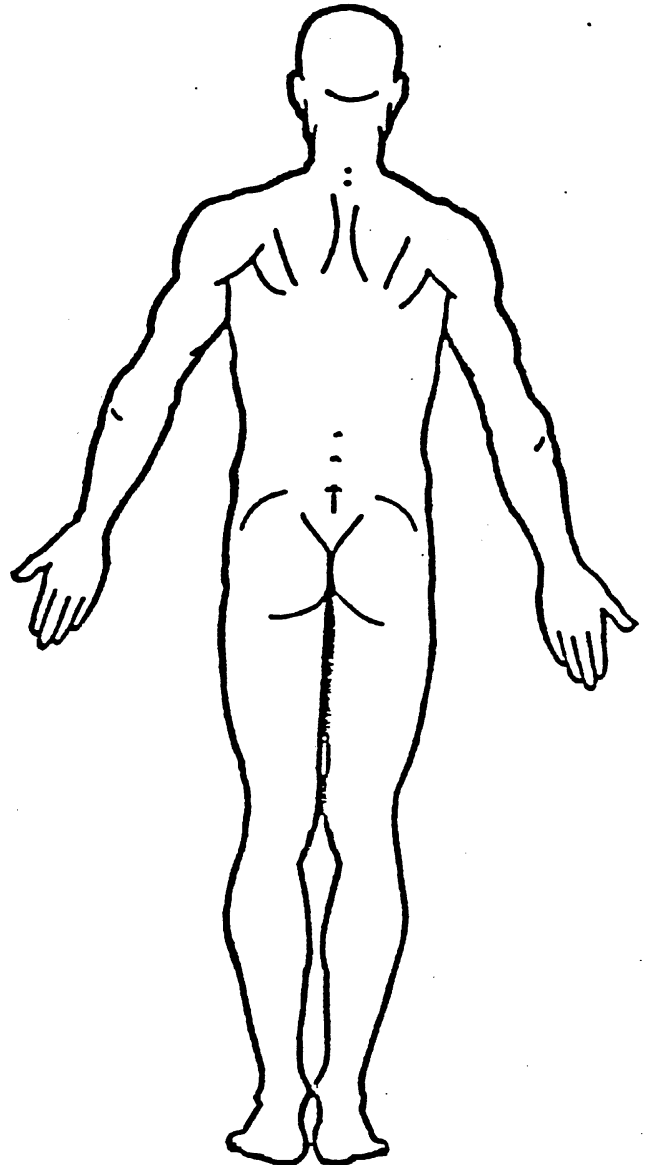
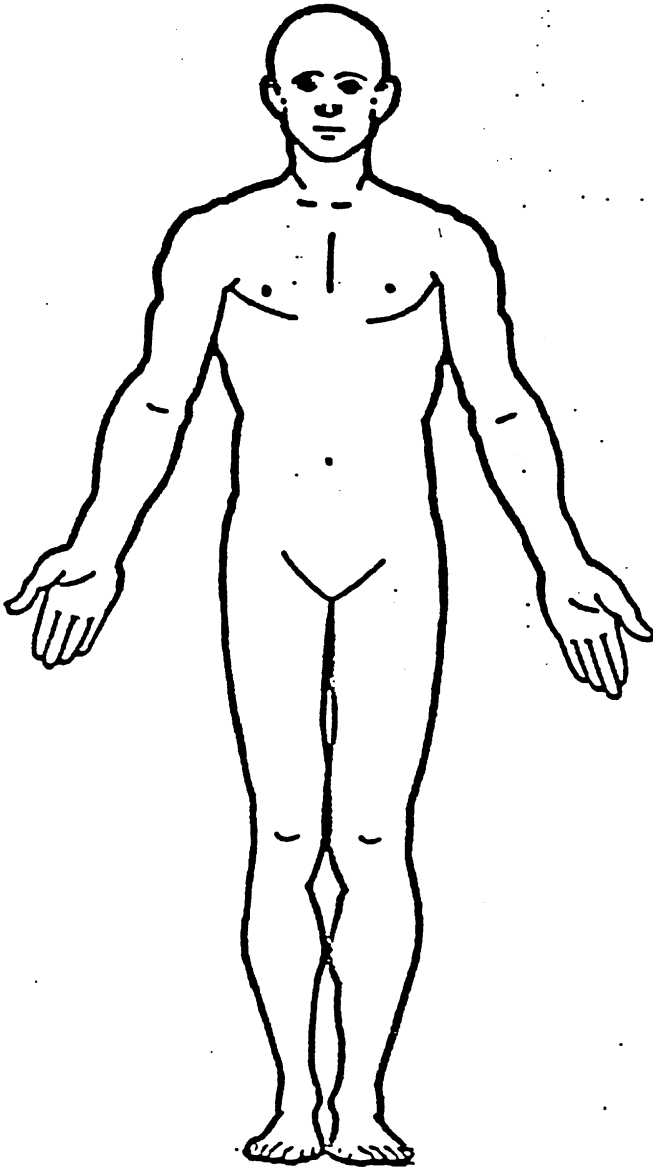
NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**BELT USE DETERMINATION****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 97
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 97
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

NOT INJURED



OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEMDepartment of Transportation
National Highway Traffic Safety
Administration

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum

94-23

3. Vehicle Number

01

4. Occupant Number

04

10. Occupant's Seat Position

23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture

(0) Normal posture

0

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older

(99) Unknown

16

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

999

_____ inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

999

_____ pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

2

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

4
Manual (Active) Belt System Availability
None available
Belt removed/destroyed
Shoulder belt
Lap belt
Lap and shoulder belt
Belt available—type unknown

Integral Belt Partially Destroyed
Shoulder belt (lap belt destroyed/removed)
Lap belt (shoulder belt destroyed/removed)

Other belt (specify):

9) Unknown

Manual (Active) Belt System Use
(0) None used, not available, or belt removed/destroyed
(01) Inoperative (specify):

(02) Shoulder belt
(03) Lap belt
(04) Lap and shoulder belt
(05) Belt used—type unknown
(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat
(13) Lap belt used with child safety seat
(14) Lap and shoulder belt used with child safety seat
(15) Belt used with child safety seat—type unknown
(18) Other belt used with child safety seat (specify):
(99) Unknown if belt used

Proper Use of Manual (Active) Belts

(0) None used or not available
(1) Belt used properly
(2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
(4) Shoulder belt worn behind back or seat
(5) Belt worn around more than one person
(6) Lap belt worn on abdomen
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

(0) No manual belt used
(1) No manual belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function
(0) Not equipped/not available
(1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment

(0) Not equipped/not available

(1) Air bag deployed during accident (as a result of impact)

(2) Air bag deployed inadvertently just prior to accident

(3) Air bag deployed, accident sequence undetermined

(4) Nondeployed

(5) Unknown if deployed

(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(9) Unknown

23. Are There Indications of Air Bag System Failure?

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used

(1) Police did not indicate restraint use

(2) Shoulder belt

(3) Lap belt

(4) Lap and shoulder belt

(5) Belt used, type not specified

(6) Child safety seat

(7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown _____

26. Seat Type (this Occupant Position) 05

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

- (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.
 (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- ☐ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): _____

☐ Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☐ YES ☐

UPDATE CANDIDATE?

NO ☐ YES ☐

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

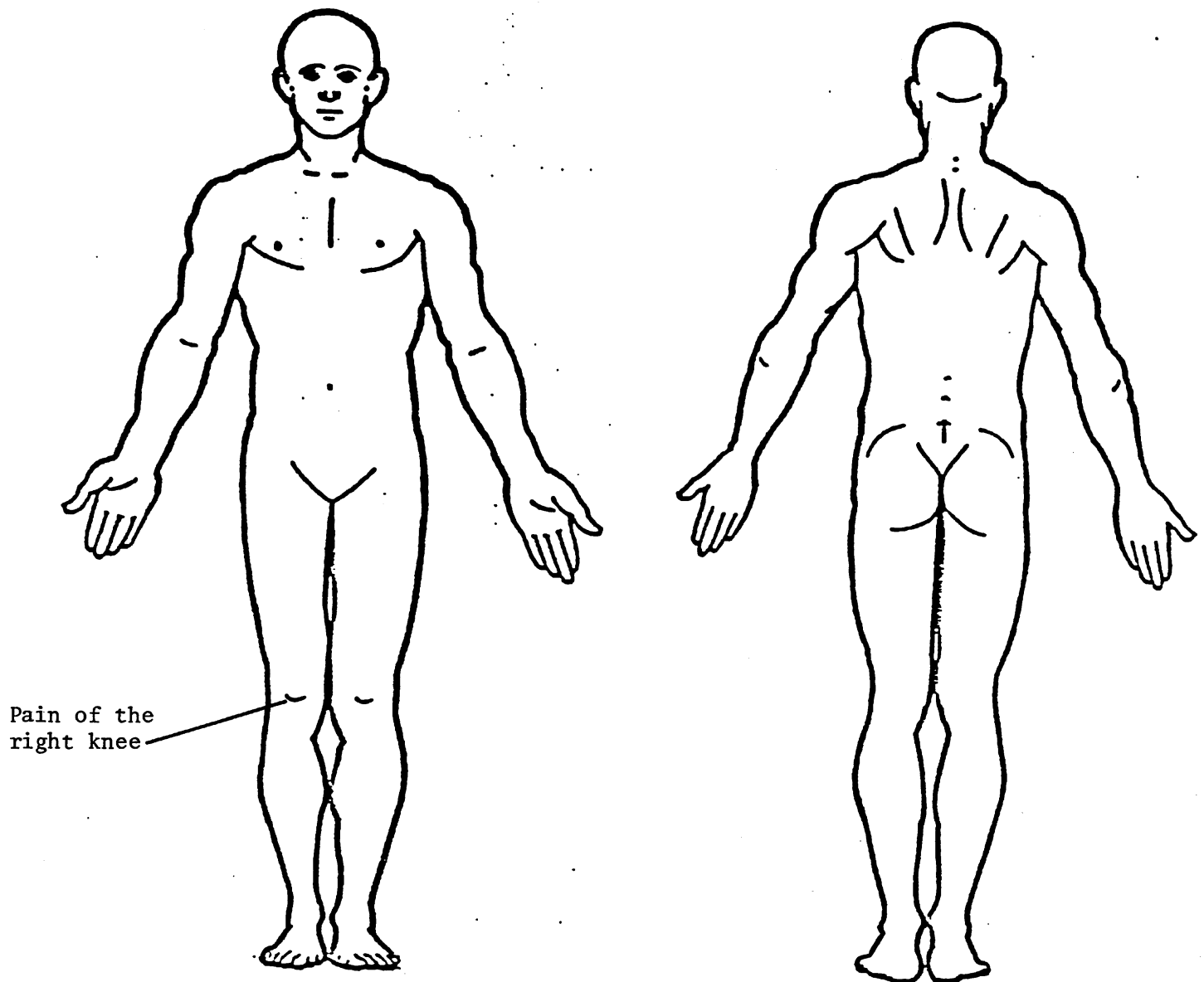
50. Glasgow Coma Scale (GCS) Score 97
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO_3 97
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING

1. Primary Sampling Unit Number

2. Case Number - Stratum 94-23

3. Vehicle Number 02

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 40

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 168

Code actual height to the nearest
centimeter.

(999) Unknown

 inches X 2.54 = centimeters

8. Occupant's Weight 064

Code actual weight to the nearest
kilogram.

(999) Unknown

 pounds X .4536 = kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection _____

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area _____

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium _____

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) _____

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment _____

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm _____

(4) Shoulder belt worn behind back or seat _____

(5) Belt worn around more than one person _____

(6) Lap belt worn on abdomen _____

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 5

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 03

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 5

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7

VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

 - (97) Other result (includes fatal ruled disease) (specify):

 - (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/ Function** 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____

- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [] YES []

UPDATE CANDIDATE?

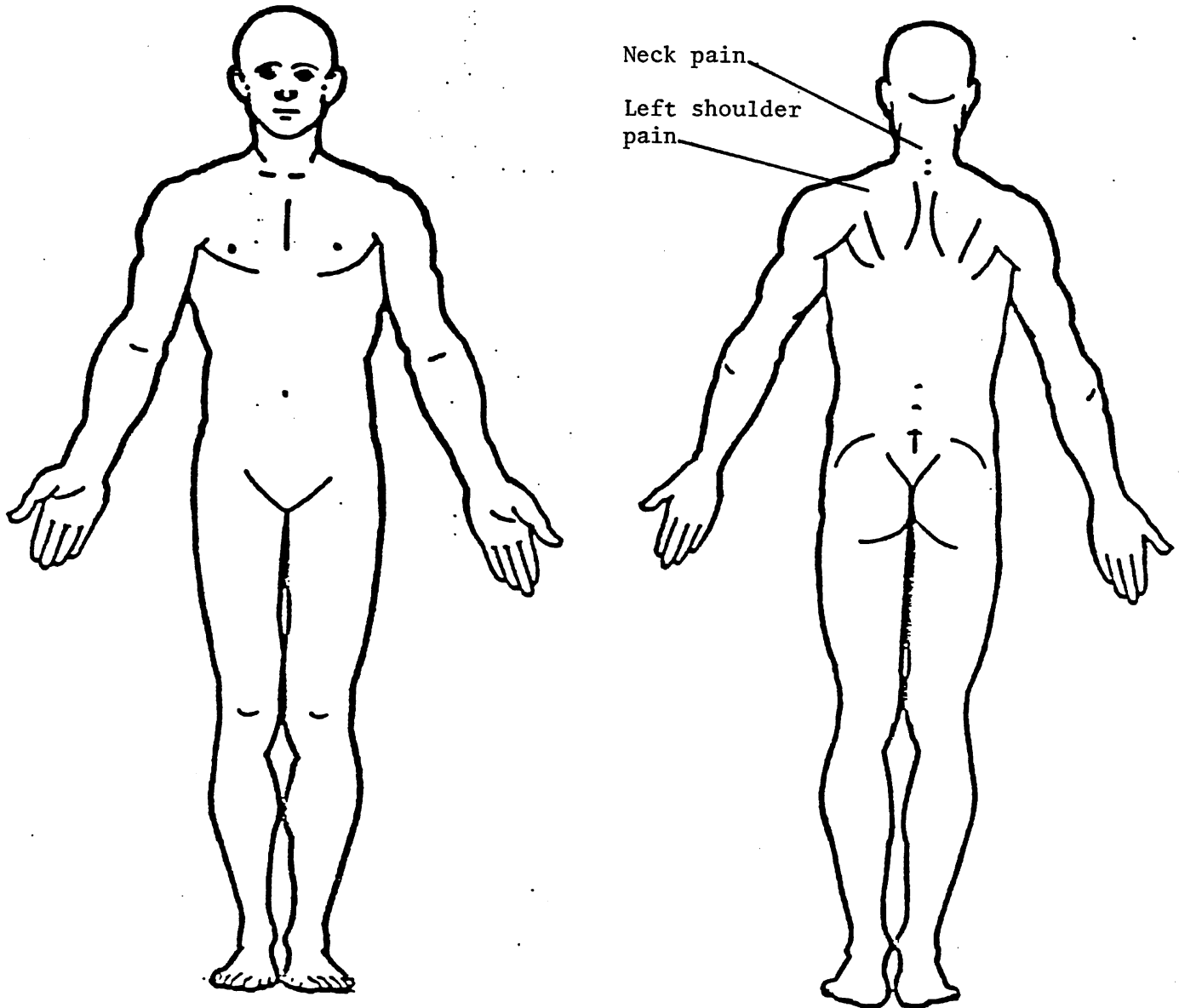
NO [] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 97
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given (specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 97
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



NOT TO BE USED BY OPERATOR

BEST AVAILABLE

REGISTRY USE ONLY

SEND ONE COPY TO:
REGISTRAR OF MOTOR VEHICLES
 STREET
 NAME OF POLICE DEPT. SUBMITTING REPORT

MUST TYPE OR PRINT
COMMONWEALTH OF
POLICE REPORT
OF MOTOR VEHICLE ACCIDENT

Date of Accident			Day of the Week							Hour	
Mo	Day	Yr	S	M	T	W	T	F	S	A.M.	P.M.
		94				X					2:43

Did you notice any indication that an operator had been taking any medication or drugs?
 YES ☐ NO ☒

To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells?
 YES ☐ NO ☒ (explain on reverse)

Was this Accident investigated by an Officer?
 If Yes, Check One Box Below

1 <input type="checkbox"/> Registry	4 <input type="checkbox"/> State Police
2 <input type="checkbox"/> MDC	5 <input checked="" type="checkbox"/> Local Police
3 <input type="checkbox"/> Other	

VEHICLE 1	Name of Operator	Number of Vehicles Involved. 2		Date of Birth	1 Sex 2
	Street Address	City/Town	State	Zip	Driver's License Number and State
	Owners Name and Address (if same, write "same")				Registration Number and State
	Name of Insurance Company only may be written here	Year	Make	Type	Approximate Cost to Repair
Describe Damage to Vehicle:					Fire Damage
1986 Chevrolet Cel. s/w					Approximate Cost to Repair \$ +1000.
Rear bumper, L&R quarter					1 YES 2 NO
VEHICLE 2	Name of Operator	Number of Vehicles Involved. 2		Date of Birth	1 Sex 2
	Street Address	City/Town	State	Zip	Driver's License Number and State
	Owners Name and Address (if same, write "same")				Registration Number and State
	Name of Insurance Company only may be written here	Year	Make	Type	Approximate Cost to Repair
Describe Damage to Vehicle:					Fire Damage
1993 Chevrolet Corsica					Approximate Cost to Repair \$ +1000.
F bumper, hood, grill, L&R fender					1 YES 2 NO
OTHER	Describe Other Property Damage				
	Name of Property Owner Address				
WITNESSES	Other Witnesses or Persons Present		Address		Phone
					Bus. Res.
					Bus. Res.
					Bus. Res.
INJURED 1	Number Injured 5		To what hospital was injured taken?		Taken by Ambulance? YES 1 NO 2
	Name of Injured - as above Street City/Town State				
	Age	Sex	INJURY SEVERITY		RESTRAINT SYSTEMS
	40	1 M 2 F	1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used
Ejected from Vehicle YES 1 NO 2		PERSON INJURED			
1		1 Operator } In Vehicle 2 Passenger } No 1 6 Pedestrian 3 Passenger In Train, Bus, Etc. 7 Bicyclist 4 Operator } On Motorcycle 8 Moped 5 Passenger } 9 Other			
INJURED 2	Name of Injured - as above Street City/Town State		Age		Sex
	20		1 M 2 F		INJURY SEVERITY
	Ejected from Vehicle YES 1 NO 2		1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS
	1		1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used		PERSON INJURED
Ejected from Vehicle YES 1 NO 2		PERSON INJURED			
1		1 Operator } In Vehicle 2 Passenger } No 2 6 Pedestrian 3 Passenger In Train, Bus, Etc. 7 Bicyclist 4 Operator } On Motorcycle 8 Moped 5 Passenger } 9 Other			
INJURED 3	Name of Injured - as above Street City/Town State		Age		Sex
	16		1 M 2 F		INJURY SEVERITY
	Ejected from Vehicle YES 1 NO 2		1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS
	1		1 Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 Air Bag Used		PERSON INJURED
Ejected from Vehicle YES 1 NO 2		PERSON INJURED			
1		1 Operator } In Vehicle 2 Passenger } No 2 6 Pedestrian 3 Passenger In Train, Bus, Etc. 7 Bicyclist 4 Operator } On Motorcycle 8 Moped 5 Passenger } 9 Other			

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

BEST AVAILABLE

LOCATION	City or Town Where Accident Occurred	Nearest Mile Marker	Number of Lanes	At Rotary	If Accident Occurred on Ramp Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ N S E W going <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> On ramp from route number _____ N S E W going <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Street Name or Route Number	at intersection with _____			
	Which direction was each vehicle traveling? Vehicle No 1 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W No 2 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Or — If not at intersection, fill in below: 300 feet <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of nearest intersection, bridge, mile marker, railroad. Other Landmarks: _____			

TYPE	Accident Involved Collision With:	7 <input type="checkbox"/> Overturned in road	If collision involved two or more vehicles mark one of the following: 1 <input checked="" type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On
	1 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> Railroad Train 2 <input checked="" type="checkbox"/> Motor Vehicle in Traffic 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 3 <input type="checkbox"/> Motor Vehicle Parked 6 <input type="checkbox"/> Bicycle A <input type="checkbox"/> School Bus B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other		

COLLISION CONDITIONS	What were vehicles doing prior to accident? Mark appropriate box	Where was pedestrian located at time of accident? Mark appropriate box	ROAD SURFACE	COLLISION CONDITIONS	LIGHT CONDITIONS
	Vehicle 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1 Making right turn 2 Making left turn 3 Making U turn 4 <input checked="" type="checkbox"/> Going straight ahead 5 Passing on right 6 Passing on left 7 Stop sign 8 Skidding 9 Slowing or stopping A Crossing median strip B Driverless moving vehicle C Backing D Starting in traffic E Starting from parked position F Parked G Stalled or disabled H Stalled or disabled with flasher on J In process of parking K Entering or exiting from alley or driveway L Making right turn on red M Entering median N Crossed median O <input checked="" type="checkbox"/> Other stopped	1 <input checked="" type="checkbox"/> 1 At intersection 2 Within 300 feet of intersection 3 More than 300 feet from intersection 4 Walking in street with traffic 5 Walking in street against traffic 6 Standing in street 7 Getting on/off vehicle 8 Working on vehicle 9 Working in street A Playing in street B Not in street C Other	1 <input checked="" type="checkbox"/> Dry 2 Wet 3 Snowy 4 Icy 5 Other	1 <input checked="" type="checkbox"/> 1 Hit median barrier 2 Hit guard rail 3 Hit curbing 4 Hit abutment 5 Hit signpost 6 Hit utility or light pole 7 Hit tree 8 Embankment 9 Ditch A Rock ledge B Stone wall C Bridge rail D Other	1 <input checked="" type="checkbox"/> Daylight 2 Dawn or dusk 3 Darkness — road lighted 4 Darkness — road unlighted
	TRAFFIC CONTROLS	ROAD CONDITIONS		WEATHER CONDITIONS	
	1 Stop sign 2 Yield sign 3 Warning sign 4 Signal light 5 Officer or flagman 6 Railroad crossing gate 7 Railroad automatic signal 8 Control device not working 9 <input checked="" type="checkbox"/> No control present A No turn on red	1 <input checked="" type="checkbox"/> No Defects 2 Holes, ruts, bumps 3 Foreign matter on surface 4 Defective shoulder 5 Road under construction 6 Other		1 <input checked="" type="checkbox"/> Clear 2 Foggy 3 Cloudy 4 Rain 5 Snow 6 Sleet	

INDICATE ON THIS DIAGRAM WHAT HAPPENED.

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow:
2. Use solid line to show path before accident, dotted line after accident.
3. Show pedestrian by:
4. Show railroad by:
5. Show distance and direction in landmarks; identify landmarks by name or number.
6. Indicate north by arrow, as:

Diagram showing vehicle paths and pedestrian location. Vehicle 1 is stopped, Vehicle 2 is approaching from the rear. A pedestrian is crossing the street.

VIOLATIONS	Operator (mark one or more)		Operator		Operator		Operator	
	1	2	1	2	1	2	1	2
	1		6		B		G	
	2		7		C		H	
	3		8		D		J	
4		9		E		K		
5		A		F		L		

Describe What Happened: (Refer to Vehicles by Number)

Citation Number if issued _____

Veh. 1 traveling north on _____, stopped to turn left into driveway of _____. Oper. of veh. 1 waiting for pedestrian to cross driveway. While stopped veh. 1 was struck in rear by veh. 2. Veh. 2 traveling north on _____ prior to accident. Pedestrian had to run out of way to avoid being struck.

Signature _____ Name and Rank _____ Police Dept _____ Date _____

NOT TO BE USED BY OPERATOR
MUST TYPE OR PRINT
 COMMONWEALTH OF [REDACTED]
 POLICE REPORT
 OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

SEND ONE COPY TO:
 REGISTRAR OF MOTOR VEHICLES
 [REDACTED] STREET
 NAME OF POLICE DEPT. SUBMITTING REPORT
 [REDACTED]

Date of Accident Mo. [REDACTED] Day [REDACTED] Yr. 94		Day of the Week S M T W T F S [] [] [] [X] [] [] []		Hour A.M. [] P.M. [X] 2:43		Did you notice any indication that an operator had been taking any medication or drugs? YES [] NO [X]		Check One YES [] NO [X]		Was this Accident investigated by an Officer? If Yes, Check One Box Below 1 [] Registry 4 [] State Police 2 [] MOC 5 [X] Local Police 3 [] Other					
Name of Operator Street Address City/Town State Zip Owners Name and Address (if same, write "same") Name of Insurance Company only may be written here Year Make Type Describe Damage to Vehicle:						Number of Vehicles Involved		Date of Birth MO DAY YR		Sex 1 [] M 2 [] F					
						Driver's License Number and State				Registration Number and State					
						Approximate Cost to Repair \$		Fire Damage YES [] NO []		Parked Car YES [] NO []					
Name of Operator Phone Zip Street Address City/Town State Owners Name and Address (if same, write "same") Phone Zip Name of Insurance Company only may be written here Year Make Type Describe Damage to Vehicle:						Date of Birth MO DAY YR		Sex 1 [] M 2 [] F		Driver's License Number and State					
						Registration Number and State				Approximate Cost to Repair \$		Fire Damage YES [] NO []		Parked Car YES [] NO []	
Describe Other Property Damage Name of Property Owner Address						Approximate Cost to Repair \$		State [] MOC [] Municipal []							
Other Witnesses or Persons Present Address Phone						Bus Res.		Bus Res.							
Number Injured To what hospital was injured taken?						Taken by Ambulance? YES [X] NO []									
Name of Injured [REDACTED] Street [REDACTED] City/Town [REDACTED] State [REDACTED]						Age 16 Sex [] M [X] F		INJURY SEVERITY 1 [] Killed 2 [] Serious Visible Injury 3 [] Minor Visible Injury 4 [X] No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 [X] Safety Belt Used 2 [] Child Restraint Used 3 [] Helmet Used 4 [] Air Bag Used		PERSON INJURED 1 [] Operator } In Vehicle 2 [X] Passenger } No 2 3 [] Passenger in Train, Bus, Etc. 4 [] Operator } On Motorcycle 5 [] Passenger }			
						Ejected from Vehicle YES [] NO [X]						6 [] Pedestrian 7 [] Bicyclist 8 [] Moped 9 [] Other			
Name of Injured [REDACTED] Street [REDACTED] City/Town [REDACTED] State [REDACTED]						Age 15 Sex [] M [X] F		INJURY SEVERITY 1 [] Killed 2 [] Serious Visible Injury 3 [X] Minor Visible Injury 4 [] No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 [X] Safety Belt Used 2 [] Child Restraint Used 3 [] Helmet Used 4 [] Air Bag Used		PERSON INJURED 1 [] Operator } In Vehicle 2 [X] Passenger } No 2 3 [] Passenger in Train, Bus, Etc. 4 [] Operator } On Motorcycle 5 [] Passenger }			
						Ejected from Vehicle YES [] NO [X]						6 [] Pedestrian 7 [] Bicyclist 8 [] Moped 9 [] Other			
Name of Injured [REDACTED] Street [REDACTED] City/Town [REDACTED] State [REDACTED]						Age [] Sex [] M [] F		INJURY SEVERITY 1 [] Killed 2 [] Serious Visible Injury 3 [] Minor Visible Injury 4 [] No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 [] Safety Belt Used 2 [] Child Restraint Used 3 [] Helmet Used 4 [] Air Bag Used		PERSON INJURED 1 [] Operator } In Vehicle 2 [] Passenger } No 3 [] Passenger in Train, Bus, Etc. 4 [] Operator } On Motorcycle 5 [] Passenger }			
						Ejected from Vehicle YES [] NO []						6 [] Pedestrian 7 [] Bicyclist 8 [] Moped 9 [] Other			

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLES
STREET

ONE COPY TO
POLICE DEPARTMENT in whose juris-
diction the accident occurred.

MUST TYPE OR PRINT
COMMONWEALTH OF
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Date of Accident Mo Day Yr 94			Day of the Week S M T W T F S 1 2 3 4 5 6 7 X							Hour A.M. 1 P.M. X 2 2:43		Have you completed a Mass. driver education course YES X NO		Was this Accident investigated by an Officer? If Yes, Check One Box Below 1 Registry 4 State Police 2 MDC 5 Local Police 3 Other X	
-------------------------------------	--	--	--	--	--	--	--	--	--	------------------------------------	--	--	--	--	--

VEHICLE 1	Name of Operator Making Report [REDACTED]						Number of Vehicles Involved 2		Date of Birth MO DAY YR 73		Sex 1 M X 2 F	
	Street Address [REDACTED]						City/Town [REDACTED]		State [REDACTED]		Zip [REDACTED]	
	Owners Name and Address (if same, write "same") Same						Registration Number and State [REDACTED]					
	Name of Insurance Company only may be written here [REDACTED]						Year 1993		Make Chevrolet		Type Corsica	
	Describe Damage to Vehicle: F. Bumper, hood, grill, L+R fender (also interior damage due to faulty airbag)						YES Fire Damage 1 X NO Interior chemical burns		YES Parked Car 1 NO 2 X			
VEHICLE 2	Name of Operator [REDACTED]						Number of Vehicles Involved 2		Date of Birth MO DAY YR 54		Sex 1 M 2 F X	
	Street Address [REDACTED]						City/Town [REDACTED]		State [REDACTED]		Zip [REDACTED]	
	Owners Name and Address (if same, write "same") Same						Registration Number and State [REDACTED]					
	Name of Insurance Company only may be written here [REDACTED]						Year 1986		Make CHEVROLET		Type CELEB S.W.	
	Describe Damage to Vehicle: Rear Bumper, L+R quarter						YES Fire Damage 1 NO 2 X		YES Parked Car 1 NO 2 X			
OTHER	Describe Other Property Damage [REDACTED]						Approximate Cost to Repair \$ [REDACTED]					
	Name of Property Owner [REDACTED]						Address [REDACTED]					

WITNESSES	Other Witnesses or Persons Present [REDACTED]		Address [REDACTED]		Phone [REDACTED]	
	[REDACTED]		[REDACTED]		Bus. [REDACTED] Res. [REDACTED]	
	[REDACTED]		[REDACTED]		Bus. [REDACTED] Res. [REDACTED]	

Number Injured 5		To what hospital was injured taken? [REDACTED]		Taken by Ambulance? YES X NO	
---------------------	--	---	--	---------------------------------	--

INJURED 1	Name of Injured [REDACTED] Street City/Town State as above					
	Age 20		Sex 1 M X 2 F		Ejected from Vehicle 1 YES 2 NO X	
	INJURY SEVERITY 1 Killed 2 X Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 X Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 X Air Bag Used FAULTY		PERSON INJURED 1 X Operator } In Vehicle 2 Passenger } No 1 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other	
	Name of Injured [REDACTED] Street City/Town State as above		Age 40		Sex 1 M 2 F X	
	INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 X No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 X Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 X Air Bag Used		PERSON INJURED 1 X Operator } In Vehicle 2 Passenger } No 2 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other	

INJURED 2	Name of Injured [REDACTED] Street City/Town State as above					
	Age 40		Sex 1 M 2 F X		Ejected from Vehicle 1 YES 2 NO X	
	INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 X No Visible Injury but Complaints of Pain		RESTRAINT SYSTEMS Yes No ? 1 X Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 X Air Bag Used		PERSON INJURED 1 X Operator } In Vehicle 2 Passenger } No 2 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other	
	Name of Injured [REDACTED] Street City/Town State as above		Age 16		Sex 1 M 2 F X	
	INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 X No Visible Injury but Complaints of Pain bruised leg		RESTRAINT SYSTEMS Yes No ? 1 X Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 X Air Bag Used		PERSON INJURED 1 X Operator } In Vehicle 2 Passenger } No 1 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other	

INJURED 3	Name of Injured [REDACTED] Street City/Town State as above					
	Age 16		Sex 1 M 2 F X		Ejected from Vehicle 1 YES 2 NO X	
	INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 X No Visible Injury but Complaints of Pain bruised leg		RESTRAINT SYSTEMS Yes No ? 1 X Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 X Air Bag Used		PERSON INJURED 1 X Operator } In Vehicle 2 Passenger } No 1 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other	
	Name of Injured [REDACTED] Street City/Town State as above		Age 16		Sex 1 M 2 F X	
	INJURY SEVERITY 1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 X No Visible Injury but Complaints of Pain bruised leg		RESTRAINT SYSTEMS Yes No ? 1 X Safety Belt Used 2 Child Restraint Used 3 Helmet Used 4 X Air Bag Used		PERSON INJURED 1 X Operator } In Vehicle 2 Passenger } No 1 3 Passenger In Train, Bus, Etc 4 Operator } On Motorcycle 5 Passenger } 6 Pedestrian 7 Bicyclist 8 Moped 9 Other	

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

Injured continued on 2nd page

LOCATION	City or Town Where Accident Occurred [REDACTED]		Nearest Mile Marker [REDACTED]	Number of Lanes 2	At Rotary 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Accident Occurred on Ramp Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ N S E W going <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> On ramp from route number _____ N S E W going <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Street Name and Route Number [REDACTED]		at intersection with					
	Which direction was each vehicle traveling?		Or — If not at intersection, fill in below					
	Vehicle No. 1 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W No. 2 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		_____ feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Of nearest intersection, bridge, mile marker, railroad, _____ Other Landmarks: [REDACTED] [REDACTED] [REDACTED]					

T Y P E	Accident Involved Collision With:				7 <input type="checkbox"/> Overturned in road 8 <input type="checkbox"/> Ran off roadway — non-collision 9 <input type="checkbox"/> Fixed object on shoulder, sidewalk or island A <input type="checkbox"/> School Bus				If collision involved two or more vehicles mark one of the following: 1 <input checked="" type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On			
	1 <input type="checkbox"/> Pedestrian 2 <input checked="" type="checkbox"/> Motor Vehicle in Traffic 3 <input type="checkbox"/> Motor Vehicle Parked				4 <input type="checkbox"/> Railroad Train 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 6 <input type="checkbox"/> Bicycle				B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other			

What were vehicles doing prior to accident? Mark appropriate box			Where was pedestrian located at time of accident? Mark appropriate box		ROAD SURFACE		COLLISION CONDITIONS		LIGHT CONDITIONS	
Vehicle			X		X		X		X	
	1			1		1		1		1
	2			2		2		2		2
		Making right turn			At intersection			1	X	Daylight
		Making left turn			Within 300 feet of intersection			2		Dawn or dusk
		Making U-turn			More than 300 feet from intersection			3		Darkness — road lighted
		Going straight ahead			Walking in street with traffic			4		Darkness — road unlighted
		Passing on right			Walking in street against traffic			5		
		Passing on left			Standing in street			6		
		Stop sign			Getting on/off vehicle			7		
		Sliding			Working on vehicle			8		
		Slowing or stopping			Working in street			9		
		Crossing median strip			Playing in street			A		
		Driverless moving vehicle			Not in street			B		
		Backing			Other			C		
		Starting in traffic						D		
		Starting from parked position						E		
		Parked						F		
		Stalled or disabled						G		
		Stalled or disabled with flasher on						H		
		In process of parking						J		
		Entering or exiting from alley or driveway						K		
		Making right turn on red						L		
		Entering median						M		
		Crossed median						N		
		Other						O		

TRAFFIC CONTROLS		ROAD CONDITIONS		COLLISION CONDITIONS		WEATHER CONDITIONS	
	X		X		X		X
	1		1		1		1
	2		2		2		2
	3		3		3		3
	4		4		4		4
	5		5		5		5
	6		6		6		6
	7		7		7		7
	8		8		8		8
	9		9		9		9
	A		A		A		A
	B		B		B		B
	C		C		C		C
	D		D		D		D
	E		E		E		E
	F		F		F		F
	G		G		G		G
	H		H		H		H
	I		I		I		I

DIAGRAM

INDICATE NORTH BY ARROW

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VEHICLE (1) WAS HEADING NORTH ON [REDACTED], AT THE POSTED SPEED LIMIT, WHEN VEHICLE (2) (IN FRONT) STOPPED SUDDENLY, WITH NO DIRECTION SIGNAL OR ANY OTHER WARNING. VEHICLE (1) APPLIED BRAKES AND TURNED SHARPLY TO RIGHT TO AVOID VEHICLE (2), BUT HIT VEHICLE (2) IN REAR (TOWARD LR) WITH LF OF VEHICLE. (VEHICLE (2) WAS AT CENTER LANE LINE SIDE OF LANE). AT IMPACT, AIRBAG IN VEHICLE (1) DID NOT INFLATE, BUT SEPARATED FROM STEERING COLUMN, CAUSING 2ND DEGREE BURNS TO OPERATOR. ALTHOUGH OPERATOR OF VEHICLE (2) STATED HER DIRECTIONAL SIGNAL WAS ON, WITNESSES STATED SHE STOPPED SUDDENLY AND THAT SHE HAD NO DIRECTIONAL SIGNAL ON.

Signature of operator making report

Date: 1/24

SEND ORIGINAL TO:
REGISTRAR OF MOTOR VEHICLES
STREET

ONE COPY TO
POLICE DEPARTMENT in whose juris-
diction the accident occurred.

MUST TYPE OR PRINT
COMMONWEALTH OF
OPERATOR'S REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Was this Accident investigated by an Officer?

If Yes, Check One Box Below

- 1 ☐ Registry 4 ☐ State Police
2 ☐ MDC 5 ☐ Local Police
3 ☐ Other

Date of Accident	Day of the Week	Hour	YES	NO
Mo Day Yr. 1/94	S M T W T F S 1 2 3 4 5 6 7	A.M. 1 P.M. 2	<input type="checkbox"/>	<input type="checkbox"/>

Have you completed a Mass. driver
education course

1 2

VEHICLE 1	Name of Operator Making Report		Number of Vehicles Involved		Date of Birth		1 Sex 2	
	Street Address City/Town State Zip		Driver's License Number and State		MO DAY YR		1 M 2 F	
	Owners Name and Address (if same, write "same")		Registration Number and State					
	Name of Insurance Company only may be written here		Year	Make	Type	Approximate Cost to Repair \$		
Describe Damage to Vehicle:		YES Fire Damage NO		YES Parked Car NO		1 2		1 2
VEHICLE 2	Name of Operator		Number of Vehicles Involved		Date of Birth		1 Sex 2	
	Street Address City/Town State Zip		Driver's License Number and State		MO DAY YR		1 M 2 F	
	Owners Name and Address (if same, write "same")		Registration Number and State					
	Name of Insurance Company only may be written here		Year	Make	Type	Approximate Cost to Repair \$		
Describe Damage to Vehicle:		YES Fire Damage NO		YES Parked Car NO		1 2		1 2
OTHER	Describe Other Property Damage		Approximate Cost to Repair \$					
	Name of Property Owner		Address					
WITNESSES	Other Witnesses or Persons Present		Address		Phone			
					Bus. Res.			
INJURED 4	Name of Injured		Street City State		Taken by Ambulance? YES NO			
	Age Sex 15 M 2 F		INJURY SEVERITY		RESTRAINT SYSTEMS		PERSON INJURED	
Ejected from Vehicle 1 YES 2 NO		1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		1 Yes No ? 2 3 4		1 Operator 2 Passenger 3 Passenger in Train, Bus, Etc. 4 Operator 5 Passenger		
CUTS + SCRAPES				Safety Belt Used Child Restraint Used Helmet Used Air Bag Used		In Vehicle No 1 Pedestrian Bicyclist Moped Other		
INJURED 5	Name of Injured		Street City/Town State		Taken by Ambulance? YES NO			
	Age Sex 16 M 2 F		INJURY SEVERITY		RESTRAINT SYSTEMS		PERSON INJURED	
Ejected from Vehicle 1 YES 2 NO		1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		1 Yes No ? 2 3 4		1 Operator 2 Passenger 3 Passenger in Train, Bus, Etc. 4 Operator 5 Passenger		
				Safety Belt Used Child Restraint Used Helmet Used Air Bag Used		In Vehicle No 1 Pedestrian Bicyclist Moped Other		
INJURED 3	Name of Injured		Street City/Town State		Taken by Ambulance? YES NO			
	Age Sex		INJURY SEVERITY		RESTRAINT SYSTEMS		PERSON INJURED	
Ejected from Vehicle 1 YES 2 NO		1 Killed 2 Serious Visible Injury 3 Minor Visible Injury 4 No Visible Injury but Complaints of Pain		1 Yes No ? 2 3 4		1 Operator 2 Passenger 3 Passenger in Train, Bus, Etc. 4 Operator 5 Passenger		
				Safety Belt Used Child Restraint Used Helmet Used Air Bag Used		In Vehicle No 1 Pedestrian Bicyclist Moped Other		

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

BEST AVAILABLE

Hospital

MED. REC. NO.
ACCOUNT NO.

E.D. NURSING NOTES/TIME: 1555: ^{pt. her} ^{collateral} ^{board} ^{on arrival} = ¹⁸.
 is bruised" 3/p m/v/a O/SB passenger in back seat; @coc @H/A PERKLE
 O/SB: chest rises equally bilat - hs=clear. @numbness/tingling at
 extremities. @pp; m/v/s fair. feet warm to touch. @neck @back
 pain: pt is ambulatory & "accident victim" 2/p @calf pain.
 @bruising & swelling @bruising neck -> @calf; head grasps @x
 strong. MAF.
 Patient in Comfort
 @VS Norm Comfort preserved; pt reassured & lucid to Monday
 staff at any time. C-Spine prec. maintained & rationale explained
 to pt. pt is able to care mother. MD eval pending - pt advised of
 1655: Dr Reed was pt. collar brace ditch: awaiting arrival of
 mother & further txnt. pt verbalized understanding to notify staff
 inmed of any A/c concerns - 1710 - mother -> pt
 consent obtained - mother reassured: @Tb-Hb Kary ordered @18.
 1740 report -> 1740 - pt -> N/A to
 @w-PT read D/W letter to proceed to pre-schedule discharge without
 for D mother report. Verbalized understanding -

SIGNATURE: 9248 RN.

[illegible][illegible]

924.8 - Cont of
lower limb
multiple sites
not classified

TRIALS

_____, HOSPITAL, AM LEAVING THE HOSPITAL AGAINST THE ADVICE OF THE ATTENDING PHYSICIAN AND OF THE HOSPITAL ADMINISTRATION. I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE RISK INVOLVED AND HEREBY RELEASE THE ATTENDING PHYSICIAN, THE HOSPITAL AND ITS EMPLOYEES FROM ALL RESPONSIBILITY FOR ANY ILL EFFECTS WHICH MAY RESULT FROM THIS ACTION.

WITNESS _____ SIGNED _____
(PATIENT OR NEAREST RELATIVE)

WITNESS _____

AUTHORIZATION FOR DIAGNOSTIC STUDIES, MEDICAL AND/OR SURGICAL TREATMENT

I, THE UNDERSIGNED, A PATIENT AT SOUTH SHORE HOSPITAL, INC. HEREBY AUTHORIZE DR. [REDACTED] AND WHOMEVER HE MAY DESIGNATE AS HIS ASSISTANT, TO ADMINISTER SUCH DIAGNOSTIC STUDIES, MEDICAL AND/OR SURGICAL TREATMENT AS IS NECESSARY, AND TO PERFORM THE FOLLOWING [REDACTED] DIAGNOSTIC STUDIES:

MEDICAL AND/OR SURGICAL TREATMENT; _____
 AND SUCH ADDITIONAL DIAGNOSTIC STUDIES, MEDICAL AND/OR SURGICAL PROCEDURES AS ARE CONSIDERED THERAPEUTICALLY NECESSARY ON THE
 BASIS OF FINDINGS DURING THE COURSE OF SAID PROCEDURES OR TREATMENTS. I ALSO CONSENT TO THE ADMINISTRATION OF SUCH ANESTHETICS AS
 ARE NECESSARY. ANY TISSUES OR PARTS SURGICALLY REMOVED MAY BE DISPOSED OF BY THE HOSPITAL IN ACCORDANCE WITH ACCUSTOMED PRACTICES.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AUTHORIZATION FOR DIAGNOSTIC STUDIES, MEDICAL AND/OR SURGICAL TREATMENT, THE REASONS WHY THE ABOVE DIAGNOSTIC STUDIES, MEDICAL AND/OR SURGICAL TREATMENT ARE CONSIDERED NECESSARY, ITS ADVANTAGES AND POSSIBLE COMPLICATIONS, IF ANY, AS WELL AS POSSIBLE ALTERNATE MODES OF TREATMENT WHICH WERE EVALUATED TO ME.

BY OR _____, I AM AWARE THAT THE PRACTICE OF FURNISHING AND RECEIVING SUCH INFORMATION MAY BE PROHIBITED BY FEDERAL LAWS, AND I ACKNOWLEDGE THAT NO GUARANTEE HAS BEEN MADE TO ME CONCERNING THE RESULTS OF ANY SUCH DISCLOSURE.

SECRET

1. The first group of respondents (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The second group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The third group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The fourth group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The fifth group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The sixth group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The seventh group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The eighth group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The ninth group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting. The tenth group (n = 10) was composed of students who had completed the course and were currently employed in a health care setting.

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[illegible]

16. **THE UNIVERSITY OF CHICAGO PRESS**

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

CONFIDENTIAL PATIENT'S NAME: [REDACTED] Mother [REDACTED] 1/84

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811 2812 2813 2814 2815 2816 2817 2818

[illegible]

	Year	No.	%
1970	1970	100	100
1971	1971	100	100
1972	1972	100	100
1973	1973	100	100
1974	1974	100	100
1975	1975	100	100
1976	1976	100	100
1977	1977	100	100
1978	1978	100	100
1979	1979	100	100
1980	1980	100	100
1981	1981	100	100
1982	1982	100	100
1983	1983	100	100
1984	1984	100	100
1985	1985	100	100
1986	1986	100	100
1987	1987	100	100
1988	1988	100	100
1989	1989	100	100
1990	1990	100	100
1991	1991	100	100
1992	1992	100	100
1993	1993	100	100
1994	1994	100	100
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2010	2010	100	100
2011	2011	100	100
2012	2012	100	100
2013	2013	100	100
2014	2014	100	100
2015	2015	100	100
2016	2016	100	100
2017	2017	100	100
2018	2018	100	100
2019	2019	100	100
2020	2020	100	100
2021	2021	100	100
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2026	2026	100	100
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2031	2031	100	100
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2040	2040	100	100
2041	2041	100	100
2042	2042	100	100
2043	2043	100	100
2044	2044	100	100
2045	2045	100	100
2046	2046	100	100
2047	2047	100	100
2048	2048	100	100
2049	2049	100	100
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2051	2051	100	100
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2060	2060	100	100
2061	2061	100	100
2062	2062	100	100
2063	2063	100	100
2064	2064	100	100
2065	2065	100	100
2066	2066	100	100
2067	2067	100	100
2068	2068	100	100
2069	2069	100	100
2070	2070	100	100
2071			

[illegible]

EMERGENCY MEDICINE RECORD

NAME: [REDACTED]

DATE/TIME: 144 35 PM

ALLERGIES: 0

MEDICATIONS: 0

ADDRESSOGRAPH

PMH/ROS

involved in MVA, Ambulatory Science
 Bell Scott Person GSB: Pleats in Ambulance
 B/C AA0X3 128/78 P 78 R

T P R BP TET LMP WT
 VISUAL ACUITY OD OB OU PRIORITY I II III UC
 ACUITY P BP P BP P BP SIGN [REDACTED]

TIME

Keep oxygen on unit - any
 supplemental per @ 100%
 needed

In spinal per
 pt: none alarm force
 per =
 lower normal
 spinal level normal
 lower 3/4 normal
 lower 1/4 normal

On your
 Spinal - T12 level distal to this
 normal on exam

xray leg - 7 normal

FINAL IMPRESSIONS

Cervical, multiple

PROCEDURES

PRESCRIPTIONS: (NONE)

Tylenol for pain

REFERRAL MD

TEL#

RETURN TO WORK

INSTRUCTIONS

TIME

ORDERS

0 100/100

TIME

CBC WBC \times 10³ /mm³ Hgb not Plt P/BILIM

DIFFERENTIAL

SED RATE

A-7 glucose

Na Cl Bun

MAXI-18

K CO₂ Cr

AMYLASE

ETHANOL

MAGNESIUM

TOXICOLOGY SCREEN

CPK ISOENZYMES

PT/PTT

TYPE & SCREEN

TYPE & CROSS UNITS PRBC

UCG

☐ POSITIVE☐ NEGATIVE

URINALYSIS SPEC GRAVITY POSITIVE DIP

URINE CULTURE WBC RBC EPI

BLOOD CULTURE X

CULTURE & SENSITIVITY

ABG %

REPEAT ABG %

RESPIRATORY TREATMENT

CHEST X-RAY

CERVICAL SPINE

KUB/UPRIGHT ABDOMEN

L-S SPINE

EKG

REPEAT EKG

I UNDERSTAND AND I RECEIVED EMERGENCY
 CARE ONLY AND NEED TO FOLLOW MY
 DISCHARGE INSTRUCTIONS

PATIENT

SIGNATURE

DISCHARGE RN

MD SIGNATURE

DATE/TIME

REPORT TIME

BEST AVAILABLE

Hospital

M.D.

M.D.

M.D.

M.D.

M.D.

M.D.

M.D.

DIAGNOSTIC IMAGING CONSULTATION

Name: [REDACTED]

Physician: [REDACTED]

X-Ray #: [REDACTED]

Pat type: E

Ward: ER

Age: 16

DOB: [REDACTED]-77

MRN: [REDACTED]

Date: [REDACTED]-94

Clinical data: MVA

Exam: TIBIA & FIBULA ADULT - RIGHT,

The soft tissues are unremarkable. The tibia and fibula are intact without evidence of fracture, erosion or destruction.

IMPRESSION: NORMAL LOWER LEG.

D/[REDACTED] 94

T/[REDACTED] 94

signed: [REDACTED] M.D.

PTOS/di

M.D.

D
I
A
G
N
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M
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G
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N
G

ENIT TYPE & SOURCE: 1 7
PATIENT TYPE: E

MED. REC. NO.
ACCOUNT NO.

Hospita

PATIENT NAME AND ADDRESS [REDACTED]		SVC [REDACTED]	MAR. [REDACTED]	REL. [REDACTED]	INTERVIEWER [REDACTED]	ADMIT DATE [REDACTED]/94	ADMIT TIME 15:53
PHONE NO. [REDACTED]		BIRTH DATE [REDACTED]/73	AGE 020Y	BIRTH PLACE [REDACTED]	SOCIAL SECURITY NO. [REDACTED]		
EMPLOYER NAME AND ADDRESS [REDACTED]		RACE W	SEX M	MN [REDACTED]	NEXT OF KIN [REDACTED]		
PHONE NO. [REDACTED]		OCCUPATION [REDACTED]		EMERGENCY CONTACT [REDACTED]		PHONE NO. [REDACTED]	RELATION FATHER
GUARANTOR NAME AND ADDRESS [REDACTED]		GUARANTOR EMPLOYER [REDACTED]		PHONE NO. [REDACTED]			
PHONE NO. [REDACTED]		RELATION SELF		PHONE NO. [REDACTED]		OCCUPATION [REDACTED]	
INSURANCE INFO NO. 1 [REDACTED]		INSURANCE INFO NO. 2 [REDACTED]		INSURANCE INFO NO. 3 [REDACTED]			
CERT./HIC NO. [REDACTED]		CERT./HIC NO. [REDACTED]		SIGNATURE NEEDED FOR CONSENT FORM Place on cover of patient chart.			
POLICY NO. [REDACTED]		POLICY NO. [REDACTED]		SOCIAL SECURITY NO. 000000000			
SUBSCRIBER [REDACTED]		SOCIAL SECURITY NO. [REDACTED]		ALLERGIES MVA [REDACTED]/94 [REDACTED]			
COMMENTS FROM AIR BAG R ARM INJ AND CHIN LAC		FAMILY/REFERRING PHYSICIAN NO FAMILY, PHYSICIAN		TRANSPORT [REDACTED] ALONE		ACCIDENT DATE [REDACTED]/94	
						TIME 15:30	
						LAST ADM. DATE 0/00/00	
						PLACE [REDACTED] MVA	

SIGNATURE NEEDED
FOR

FOR
CONSENT FORM
Place on cover of patient chart.

E.D. NURSING NOTES/TIME:

E.D. NURSING NOTES/TIME: hit vehicle head on. 30 mph
4pm 20 y.o. male SIP & V&A (+ SB (+) IN BAG ->
head caught on fire. 1st & 2nd Burns to chest. Airway clear
4th & 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212nd, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311st, 312nd, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411st, 412nd, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511st, 512nd, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611st, 612nd, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th,

TIME	T	P	R	B/P
4:30		135	20	114
4:45		120	20	130
4:55		90	20	140
5:00 pm		83	16	164

[illegible]

I.V.'S		
TIME		INITIALS
4pm	KS #14	Lo
	meds	
	890.0, 873.43,	945.26
	944.16, 944.26	
	86.59	1200.1

THE SOUTH SHORE HOSPITAL AND ITS AGENTS HAVE BEEN ADVISED THAT YOU HAVE BEEN ADMITTED TO THE HOSPITAL AND THAT YOU HAVE BEEN ADVISED TO EMPLOYERS

DATE: _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE SOUTH SHORE HOSPITAL AND ITS AGENTS TO RELEASE TO MY EMPLOYER, MY INSURANCE COMPANY AND/OR EMPLOYER, AND THEIR AGENTS, ANY INFORMATION THAT THEY MAY REQUEST TO THE SOUTH SHORE HOSPITAL AND ITS AGENTS AND TO CHAMPUS AND ITS AGENTS AND TO THE PROFESSIONAL STANDARDS REVIEW ORGANIZATION ANY INFORMATION NEEDED FOR THIS PERIOD OF HOSPITALIZATION.

SIGNATURE _____ DATE _____
(PATIENT OR PARENT, IF PATIENT IS A MINOR)

INSTITUTIONAL PROVIDERS:

I REQUEST PAYMENT OF AUTHORIZED BENEFITS TO ME OR MY BENEFITARY FOR SERVICES FURNISHED ME BY SOUTH SHORE HOSPITAL AND INCLUDING PHYSICIAN SERVICES. I HEREBY REQUEST THAT YOU RELEASE TO CHAMPUS AND ITS AGENTS AND TO THE PROFESSIONAL STANDARDS REVIEW ORGANIZATION ANY INFORMATION NEEDED FOR THIS PERIOD OF HOSPITALIZATION.

SIGNATURE _____ DATE _____
(PATIENT OR PARENT, IF PATIENT IS A MINOR)

PATIENT'S CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST. I certify that the information given by me in applying for payment under TITLE XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or to intermediaries or carriers or to the Professional Standards Review Organization any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

SIGNATURE _____ DATE _____
(Patient or authorized representative) (Signature by mark must be witnessed)

EMERGENCY MEDICINE RECORD

NAME: [REDACTED]
 DATE/TIME: [REDACTED] 11/4
 ALLERGIES: NKA
 MEDICATIONS: [REDACTED]

TIME: [REDACTED]
 ORDERS: [REDACTED]
 VITALS: [REDACTED]
 VASOly 2m IV 5m
 repeat x1
 K-spr. [REDACTED]
 CKR [REDACTED]
 [REDACTED]

ADDRESSOGRAPH

PMH/ROS

20 yd Male present via Ambulance - Driver @ Air bag
 but caught on fire. @ burns to both hands @ injury
 to nates of epistaxis @ blue to Throat @ injury @
 APT 13: Chest bilat. [REDACTED] Ambulance @ scene
 @ burns @ [REDACTED] 90/2 140/85 RR 20 O2 sat 90% 100% O2
 T P 125 R 24 BP 145/90 TET [REDACTED] LMP [REDACTED] WT [REDACTED]
 VISUAL ACUITY [REDACTED] OD [REDACTED] OS [REDACTED] CU [REDACTED] PRIORITY [REDACTED] II UC
 [REDACTED] P [REDACTED] SP [REDACTED] P [REDACTED] SP [REDACTED] P [REDACTED] SP [REDACTED] SIGN [REDACTED]

TIME

Plus 20-40000 [REDACTED]

TIME: [REDACTED]
 CBC [REDACTED] 4.5-3/2601K
 DIFFERENTIAL [REDACTED] 4.5/16.3
 SED RATE [REDACTED] 24
 A-7 [REDACTED] 136/103/60
 MAXI-18 [REDACTED] 3-8 24/10-8
 AMYLASE [REDACTED]
 ETHANOL [REDACTED]
 MAGNESIUM [REDACTED]
 TOXICOLOGY SCREEN [REDACTED]
 CPK ISOENZYMES [REDACTED]
 PT/PTT [REDACTED] 1/1
 TYPE & SCREEN [REDACTED]
 TYPE & CROSS [REDACTED] UNITS PRBC
 UCG [REDACTED] POSITIVE [REDACTED] NEGATIVE
 URINALYSIS [REDACTED] SPEC GRAVITY [REDACTED] POSITIVE DIP
 URINE CULTURE [REDACTED] WBC [REDACTED] RBC [REDACTED] EPI
 BLOOD CULTURE X [REDACTED]
 CULTURE & SENSITIVITY [REDACTED]

RESPIRATORY: [REDACTED]
 ABG [REDACTED] % [REDACTED]
 REPEAT ABG [REDACTED] % [REDACTED]
 RESPIRATORY TREATMENT [REDACTED]
 CHEST X-RAY [REDACTED]
 CERVICAL SPINE [REDACTED]
 KUB/UPRIGHT ABDOMEN [REDACTED]
 L-S SPINE [REDACTED]

RADIOLOGY: [REDACTED]
 EKG [REDACTED]
 REPEAT EKG [REDACTED]

FINAL IMPRESSIONS

Facial lacer lower lip
 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
 @ [REDACTED]

PROCEDURES

PRESCRIPTIONS: (NONE)

See SAT 10 AM. AUB CARE
 SSB for follow-up.
 Neosporin ointment to clean laceration
 @ [REDACTED] Follow 1st 2nd
 Refer to [REDACTED] at [REDACTED]

REFERRAL MD

RETURN TO WORK

INSTRUCTIONS

I UNDERSTAND AND I RECEIVED EMERGENCY
 CARE ONLY AND NEED TO FOLLOW MY
 DISCHARGE INSTRUCTIONS

PATIENT [REDACTED]
 SIGNATURE [REDACTED] Brother

DISCHARGE RN [REDACTED]

MD SIGNATURE [REDACTED]

D/C TIME [REDACTED] REPORT TIME [REDACTED]

HOSPITAL

EMERGENCY DEPARTMENT RECORD

PATIENT NAME:

MEDICAL RECORD NUMBER:

DATE:

1994

CHIEF COMPLAINT:

Burn to his arms and legs.

HISTORY OF PRESENT ILLNESS: Patient is a 20-year-old white male with no significant past medical history who states that he was a restrained driver in a motor vehicle accident in which he rear ended another car. His airbag apparently broke open and caught on fire, spread onto his jeans and since has been burned. There was some smoke in the car. He was only exposed to it for bout 10 seconds. The patient denies any burns to his face. He states that he saw a flame, but pushed away from it/looked away from it. He then hit his face on the door as he was trying to get out. The patient denies loss of consciousness. The patient denies any neck pain, chest pain, abdominal pain.

PHYSICAL EXAMINATION:

Initially, his pulse was 125. He was very nervous and in pain from the burns. His respiratory rate was 24. Blood pressure 142/70. Pupils are equal and reactive to light and accommodation. Tympanic membranes are clear. Pharynx has no carbonation sputum. He has a 1.0 cm laceration on the outside of his chin and a large 3 cm laceration on the inside with az through to through connection. His teeth were intact. His jaw was nontender. His neck has some mild tenderness. His heart was regular rate and rhythm. LUNGS: Clear bilaterally. Abdomen had good bowel sounds. Soft, nondistended and nontender. He has second degree burn on his right inner medial thigh. There was no involvement of the genitalia. His right hand had first and second degree burns over the dorsum of it. There was no involvement of the central aspect of it. He had good pulses, normal sensation. He had some areas of tattooing on this that we tried to scrub, but they were unable to remove. He also had a first and second degree burns over his left hand. These were non-circumferential. It was a smaller area than the other. A small area on the right thigh, total surface area is probably about 4% or less of his body area.

CONTINUED

PATIENT NAME:
MEDICAL RECORD NUMBER:
DATE:

[REDACTED]
[REDACTED]
[REDACTED], 1994

Page 2

LAB/X-RAY: Hemoglobin was 2.4%. His MAXI-18 was normal. His white blood cell count is _____. Hemoglobin is 17.3. Hematocrit 46.2. Platelet count 260K. Chest x-ray was normal. Cervical spine was negative.

EMERGENCY ROOM COURSE: He was given Morphine for his pain and his wounds were bandaged. [REDACTED] saw him and sutured the laceration. He was observed for a long period of time in the emergency department. He never developed any wheezing. He states that he felt completely fine and his pulse came down to a normal rate. He still felt somewhat nervous from the whole event.

FINAL IMPRESSION: Facial laceration.
First and second degree burns on the hands and right leg.

PLAN: He is to return to the emergency department tomorrow for re-check of the burns. I will give him something for pain. He is to follow head and neck injury instructions. Any worsening of symptoms or any difficulty in breathing or wheezing, return immediately.

[REDACTED]
[REDACTED] M.D.

D 2110 EST
T 2147 EST/17

HOSPITAL REGULATIONS: The Signature of a Nurse Shall Accompany Each Entry.

NURSES' NOTES

HOSPITAL
Road

BEST AVAILABLE

VACCINE ADMINISTRATION RECORD

I have read or have had explained to me information provided. I have had a chance to ask questions that were answered to satisfaction. I believe I understand the benefits and risks of the vaccine and ask that the vaccine checked below be given to me or to the person below for whom I am authorized to make this request.

VACCINE TO BE GIVEN:

DTP ☐ Pertussis ☐ DT ☐ Td ☒ Tetanus ☐

OPV (Oral Polio vaccine) ☐ IPV (Inactivated polio vaccine) ☐

MMR ☐ Measles and Rubella ☐ Measles ☐ Mumps ☐ Rubella ☐

Hepatitis B ☐ Hypertet ☐ Rabies ☐

Other ☐ Specify: _____

Newborn Hepatitis B ☐ Mother's Name: _____
First Last Maiden

Due Date: _____

Obstetrician's Name: _____

I do not want my child to receive the Hepatitis B vaccine at this time.

Signature of parent _____

Signature of person to receive vaccine or person authorized to make the request (parent or guardian) _____

_____ Date

Witness _____

A. Type of vaccine/toxoid: Td D. Lot Number: _____
B. Date Administered: 1/9/4 E. Administered by: _____
C. Manufacturer: _____ F. Injection site: 2 Deltac (Name & Title)

Hospital

M.D.
M.D.
M.D.
M.D.
M.D.
M.D.
M.D.

DIAGNOSTIC IMAGING CONSULTATION

Name: [REDACTED]

Physician: [REDACTED]

X-Ray #: [REDACTED]

Pat type: E

Ward: ER ✓

Age: 20

DOB: [REDACTED]-73

MRN: [REDACTED]

Date: [REDACTED]-94

Clinical data: MVA

Exam: PORTABLE CHEST

[REDACTED]

The cardiac silhouette appears to be within normal limits for the AP technique. The lungs are clear.

IMPRESSION: NO EVIDENCE OF ACTIVE PROCESS IN THE CHEST.

D/[REDACTED] 94

T/[REDACTED] 94

signed: [REDACTED] M.D.

JSB/di

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M.D.

DIAGNOSTIC IMAGING CONSULTATION

Name: [REDACTED]

Physician: [REDACTED] MD

X-Ray #: [REDACTED]

Pat type: E

Ward: ER

Age: 20

DOB: [REDACTED]-73

MRN: [REDACTED]

Date: [REDACTED]-94

Clinical data: MVA

Exam: CERVICAL SPINE & OBLS

[REDACTED]

The prevertebral soft tissues are normal. The vertebral bodies and their interspaces are intact. The oblique films show the posterior facets and neuroforamina to be normal. There is no fracture or subluxation evident.

IMPRESSION: NORMAL CERVICAL SPINE.

D/[REDACTED]-94

T/[REDACTED]-94

signed: [REDACTED] M.D.

PTOS/di

BEST AVAILABLE

EMERGENCY DEPARTMENT DATA SHEET

ADMIT TYPE & SOURCE: 1

PATIENT TYPE:

MED. REC. NO.

ACCOUNT NO:

SOUTH WEYMOUTH,

PATIENT NAME AND ADDRESS [REDACTED]		SVC ER	MAR. S	INTERVIEWER [REDACTED]	ADMIT DATE [REDACTED]/94	ADMIT TIME 15:00
PHONE NO. [REDACTED]		BIRTH DATE [REDACTED]/73		AGE 020Y	BIRTH PLACE [REDACTED]	
EMPLOYER NAME AND ADDRESS [REDACTED]		RACE W		SEX M	SOCIAL SECURITY NO. [REDACTED]	
PHONE NO. [REDACTED], 00000		NEXT OF KIN [REDACTED]		PHON [REDACTED]	RELATION FATHER	
OCCUPATION [REDACTED]		EMERGENCY CONTACT [REDACTED]		PHONE NO. 000	RELATION [REDACTED]	
GUARANTOR NAME AND ADDRESS [REDACTED]		GUARANTOR EMPLOYER [REDACTED]				
PHONE NO. [REDACTED]		[REDACTED], 00000				
INSURANCE INFO NO. 1 [REDACTED]		INSURANCE INFO NO. 2 0000		INSURANCE INFO NO. 3 0000		
CERT./HIC NO. POLICY NO. SUBSCRIBER [REDACTED]		CERT./HIC NO. POLICY NO. SUBSCRIBER [REDACTED]		CERT./HIC NO. POLICY NO. SUBSCRIBER [REDACTED]		
ALLERGIES [REDACTED]		PHYSICIAN ON DUTY [REDACTED]		ACCIDENT DATE [REDACTED]/94		TIME 0:00
MEDICATIONS [REDACTED]		FAMILY/REFERRING PHYSICIAN [REDACTED]		LAST ADM. DATE [REDACTED]/94		
COMMENTS [REDACTED]		TRANSPORT [REDACTED]		PLACE [REDACTED]		

E.D. NURSING NOTES/TIME:

890.0, 873.43, 945.26, 944.16, 944.26

SIGNATURE:

RN.

TIME	T	P	R	B/P

MEDICATIONS AND DOSE			
TIME		ROUTE	INITIALS

I.V.'S		
TIME		INITIALS

South Shore Hospital Paramedic Patient Report

RESPONSE TIMES

This record will
be 2 pages when
pts. are treated.

Date 1994 Log Number BLS Department

Dispatch 15:00

Enroute 15:00

Arrive Scene 15:05

Depart Scene 15:20

Arrive Hosp 15:38

Unit ID

☒ SSP 1

☐ SSP 2

Status

- ☒ Transport
☐ Cancelled
☐ Triage to BLS
☐ Unavailable
☐ Pt. Refusal

Communications

- ☒ Plymouth
☐ Cellphone
☐ None
☐ Boston

Crew Member 1

Crew Member 2

Sharon

Crew Member 3

Crew Member 4

Dispatch Location

Mileage 7

Patient Information

Last Name First Name M. I. Date of Birth 1973 Age 20.3

Street Address City/Town Scituate Zip Code S.S.#

Sex

☒ Male

☐ Female

Insurance Company Insurance Number

Other

Hospital Destination

- ☒ Ssh ☐ Jordan ☐ Cch ☐ Other
☐ Brockton ☐ Quincy ☐ Medflight

Patient Exam

Chief Complaint: Multiple Trauma

Past Medical History

None

Patient Medications

None

Patient Allergies

None

Patient Treatment

Oxygen

- ☒ Yes
☐ No

I.V. # 1

- ☐ D5W KVO
☒ NS KVO
☐ NS WO

I.V.# 2

- ☐ D5W KVO
☐ NS KVO
☐ NS WO

Place EKG strip here

For multiple strips use reverse side
of page one

I. V. # 1 by:

E.T. tube by:

I. V. # 2 by:

Medical Control Physician

M.D. Signature

Notes

Notes

S/ CALLED VIA [REDACTED] FOR MVA. O/ UOA FOUND PT. 20 YO MALE SITTING IN AMB. PT. DRIVER OF MV WITH EXTENSIVE DAMAGE TO FRONT END. C-COLLAR PLACED ON PT. PT CAOX3 WITH CC BURNS TO BI-LAT HANDS, L THIGH ANTERIOR, AND FACE. ALL SUSTAINED FROM DRIVER AIRBAG FIRE. NEURO; PT. A&O X3, PERLA, + MOTOR-SENSORY ALL EXTREMITIES, PT. DENIES LOC. RESP; RR @20, PT. DENIES ANY SOB, LUNGS CLEAR = BI-LAT, I&E WNL, OBVIOUS BURNS TO FACE, INCLUDING SYNGED NASAL HAIRS, NO OBVIOUS BURNS OR SWELLING TO ORALPHARYNX, O2@ 15 LPM VIA MASK, SAO2 @ 99% ON O2, TRACHEA MIDLINE. CARDIAC; HR @ 90, PT. DENIES ANY C/P, ON PALP, OR INSP. NO SIGNS OF TRAUMA, OR BURNS ON POSTERIOR/ ANTERIOR CHEST. + PULSES ALL AROUND, COLOR PINK, SKIN WARM & DRY. GI-GU; ABD. S N/T, OTHERWISE UNREMARKABLE. M.-S.; HENT INDICATES SMALL LAC. TO CHIN, ALSO LOWER LIP. OBVIOUS FACIAL HAIR SYNGED, INCLUDING BROWS, LASHES, AND NARES. BI-LAT SECOND DEGREE BURNS TO HANDS, WITH SOME SWELLING, + PULSES, ALSO SECOND DEGREE BURNS TO L ANTERIOR THIGH. PE OTHERWISE UNREMARKABLE. A/ MULTI TRAUMA. P/ O2, IV, FULL SPINAL PRECAUTIONS, COOL HANDS WITH STERILE WATER, MONITOR SIGNS & TRANSPORT TO E/ NO CHANGE ON ARRIVAL @ ER.

AMBULANCE MEDICAL NECESSITY FORM

ADVANCE LIFE SUPPORT

Beneficiary's Name: [REDACTED] HIC No.: [REDACTED]

(USE OTHER SIDE FOR BASIC LIFE SUPPORT AMBULANCE SERVICES)

Ambulance dispatched to: [REDACTED] Date: [REDACTED] 94

Patient taken to: [REDACTED]

1. Suspected Diagnosis or Presenting Symptoms:

- | | | |
|---|---|---|
| <input type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Respiratory Arrest |
| <input type="checkbox"/> Unconscious | <input type="checkbox"/> Shock | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Respiratory Distress | <input type="checkbox"/> OD/Poison |
| <input type="checkbox"/> Dizziness or Syncope | <input type="checkbox"/> Other: _____ | |

☒ Trauma: Burns - Face, Hands, LAC. → Face☐ Acute Medical: _____☐ Chronic Medical: _____

2. Emergency Care:

- | | | |
|---|--|--|
| <input type="checkbox"/> CPR | <input type="checkbox"/> EOA/EGTA Placement | <input type="checkbox"/> Extrication |
| <input type="checkbox"/> Endotracheal Tube Placement | <input type="checkbox"/> Bleeding Control | <input type="checkbox"/> EKG - <input type="checkbox"/> Monitor <input type="checkbox"/> Telemeiry |
| <input checked="" type="checkbox"/> O ₂ /Ventilation and Route | <input checked="" type="checkbox"/> I.V. Therapy | <input checked="" type="checkbox"/> Back/Neck Immobilization |
| <input type="checkbox"/> MAST Trousers | <input type="checkbox"/> Splint/Traction Applied | <input type="checkbox"/> Defibrillation |

3. Other Pertinent Information: _____

4. Medical Consult:

Physician's Name: [REDACTED]

Hospital: [REDACTED]

Physician's Signature: [REDACTED] Date: [REDACTED] 94

Ambulance Provider Number: _____